



STATE OF IOWA

Criminal History Record Check Billing Form



Date: _____ **DCI Account Number:** _____

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _____

Phone: _____
Fax: _____

- A **completed Billing Form is required** when submitting record check requests to the DCI.
- **Each last name submitted requires a separate Request Form with payment for each.**
- Only **one Billing Form** is needed when submitting several requests at the same time.
- **Payment must be included** unless a pre-paid account is established.
- All pre-paid accounts must submit an **Account Number**.
- Please **check either Mail Back or Fax Back results; we will not do both.**

Mail Back Results <input type="checkbox"/> Fax Back Results <input type="checkbox"/> <small>*If neither box above is checked, results will be mailed back to the address provided.</small>	Fee per request <u> \$15.00 </u> Number of requests submitted: <u> x </u> Amount Due: \$ _____
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METHOD OF PAYMENT
 (Checks should be made payable to the Iowa Division of Criminal Investigation)

Check # _____
 Cash
 Money Order
 Pre-paid Account
 Interagency

MasterCard/Visa/Discover: _____
 Expiration Date: _____

Cardholder's Name: _____

On the lines provided below, please write the last name(s) of the person(s) you are submitting the record check on. This is important for tracking purposes.

- | | | | | |
|----------|----------|----------|----------|-----------|
| 1. _____ | 2. _____ | 3. _____ | 4. _____ | 5. _____ |
| 6. _____ | 7. _____ | 8. _____ | 9. _____ | 10. _____ |