



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: \$ _____
--	---

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. |