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.

<table>
<thead>
<tr>
<th>Mail Back Results □</th>
<th>Fee per request $15.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax Back Results □</td>
<td>Number of requests submitted: x</td>
</tr>
<tr>
<td></td>
<td>Amount Due: $</td>
</tr>
</tbody>
</table>

*If neither box above is checked, results will be mailed back to the address provided.

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. __________

DCI-76 (08/25/10)