



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.