

BILLING FORM
NON-LAW ENFORCEMENT RECORD CHECK

DATE _____

ACCOUNT NUMBER DHS _____

TO: Iowa Division of Criminal Investigation
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, Iowa 50319
(515) 281-4776
(515) 725-6080 (fax)

FROM: _____

Ph. # _____

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.

MAIL-BACK

Fee per last name \$ **13.00** _____

Number of requests * _____

Amount enclosed \$ _____

METHOD OF PAYMENT: Check Money Order Cash Pre-arranged billing

MC / VISA **Acct. #:** _____ **Exp. date:** _____
(Circle one)

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 _____