



# STATE OF IOWA Criminal History Record Check Billing Form



Date: \_\_\_\_\_ DCI Account Number: \_\_\_\_\_

To: Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> 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 complete the **DCI Account Number** in the space provided above.
- All credit card payments must include the **CSV Code** for processing.
- Please **check either Mail Back or Fax Back results**, according to how you would like the results returned as **we will not do both** unless payment is included for each method.

<b>Mail Back Results</b> <input type="checkbox"/> <b>Fax Back Results</b> <input type="checkbox"/> <small>*If neither box above is checked, results will be mailed back to the address provided.</small>	<b>Fee per request</b> <u>  \$15.00  </u> <b>Number of requests submitted:</b> <u>  x  </u> <b>Amount Due:</b> \$ _____
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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:** \_\_\_\_\_   
**CSV Code:** \_\_\_\_\_  
*required*

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. \_\_\_\_\_