State of Iowa Debt Collection Notification Form

Print Form

Name of Company:

Address of primary office:

City: State: ZIP Code: Phone Number:

Addresses for any company locations where debt collection occurs (branches, etc.). Use separate page, if necessary.

Location 2 Address:

City: State: ZIP Code:

Location 3 Address:

City: State: ZIP Code:

Name(s) under which business is conducted (DBAs):

Name of Iowa Registered Agent:

Address:

City: State: ZIP Code:

In the event that our office receives a complaint regarding your business, please provide the appropriate contact person.

Name:

Address:

City: State: ZIP Code:

Phone number: Fax number:

Email address:

Name of person completing form: Phone number:

Each person or firm who files a notification shall pay the administrator an annual fee of $10.00.
Please make checks payable to: **Iowa Consumer Credit Administration Fund.**

Persons who fail to pay the required fees in full within thirty (30) days of due date will be assessed a $25.00 late charge [Iowa Code §537.6203(4)].

The administrator may bring a civil action against a person for failure to file notification or to pay fees under Iowa Code §537.6113(3).

Signature of owner, officer or partner

Printed Name:

Title:

Date:

Submit completed form and annual fee **no later than January 31** to:

Iowa Attorney General
Consumer Protection Division
Attn: Notification & Fees Administrator
1305 E. Walnut Street
Des Moines, Iowa 50319

FOR OFFICE USE ONLY

Check #_____ Amt $_____