State of Iowa Debt Collection Notification 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 $50.00.
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 $75.00 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).

__________________________ Printed Name: ____________________________
Signature of owner, officer or partner 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 ____________

Revised 03/2018