

State of Iowa Debt Collection Notification Form

Name of Company:

Address of primary office:

City: State Zip Code Phone

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):

Iowa Registered Agent (**Required** if company's Principal office is located **outside the state of Iowa**):

Name:

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

Email address: Phone Number

Person completing form: Email Address

Is this company filing for the first time? No, previously filed
 Yes

Signature of owner, officer or partner

Printed Name
Title:
Date:

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Payment Information

The annual notification filing fee for a Debt Collector is \$50.00.

Failure to pay the required fees, in full, within thirty (30) days of due date will result in a \$75.00 late fee [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).

Filing Notification Fee

Add \$75 Late Fee
(if filing 30+ days past due date)

Total Due

Make checks payable to: **Iowa Consumer Credit Administration Fund**

Submit completed form and annual fees 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 more information - <https://www.iowaattorneygeneral.gov/for-businesses/debt-collector-notification>

FOR OFFICE USE ONLY

Year _____ Check # _____ Amt \$ _____