



Department of Public Safety  
**Vermont Criminal Information Center**  
103 South Main Street  
Waterbury VT 05671-2101

**MEMORANDUM OF UNDERSTANDING**

TO: Vermont Department of Public Safety  
Vermont Criminal Information Center  
Criminal Records Section  
103 South Main Street  
Waterbury VT 05671

FROM: Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
Agency Contact: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_

RE: Billing Agreement

Date:

This office agrees to pay \$19.25 (nineteen dollars and twenty-five cents) per record check for an employee, adoptive parent, or armed guard and \$15.25 (fifteen dollars and twenty-five cents) per record check for a volunteer requested from VCIC. To facilitate payment, a billing agreement is entered into by the parties listed above. This office acknowledges that a User Agreement is already on file with VCIC.

Billing will occur each month on the 5<sup>th</sup> day of the month. Payment in full is expected within 30 days of the date of the invoice. In the event that payments are not made in a timely fashion., VCIC reserves the right to discontinue processing record checks until such time as outstanding accounts are paid.

Name of Agency Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Agency Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of VCIC Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of VCIC Contact: \_\_\_\_\_ Date: \_\_\_\_\_