State of Wisconsin

**Department of Justice**

**Crime Information Bureau**

**17 West Main Street.**

**P.O. Box 2688**

**Madison, WI 53701-2718**

**FAX TRANSMITTAL**

TO ORDER APPLICANT FINGERPRINT CARDS

**DATE: 3/27/2014 TIME: 7:46 AM**

**REQUESTING AGENCY NAME:**

**REQUESTING AGENCY ADDRESS:**

**ACCOUNT NUMBER:**

**TYPE OF CARD:**

**QUANTITY:**

**NUMBER OF PAGES (INCLUDING COVER SHEET):**

**DOCUMENT SENT:**

**MESSAGE:**

 **Please include a copy of a blank card with your request (if this is an email request please scan them in).**