



CITY OF SANTA BARBARA

Live Scan Payment Form

First Name

Last Name

Phone Number

Email

Street Address

City

State

Zip Code

For City Use Only

Service Fees

Date _____

Rolling Fee

\$25

DOJ Fees

Total DOJ Fees

Form of Payment _____

Total Amount Due

For Cashier's Office: Please credit payment to GL # 10001611-450210-33435

Once payment has been submitted, please bring a copy of this form along with the receipt for the live scan to the Human Resources Office. Once the Human Resources Office receives the form and receipt, they will administer the livescan.