



Facial Recognition Request Form

Directions:

- 1) Fill out all information as completely as possible.
- 2) Fax completed form to the MVRs-Facial Recognition Team at 857-368-0645.

Date: March 10, 2016 Case #: _____

Requesting Agency: State Police Newbury/ Newburyport Court A.D.A.

Requestors Name: Tpr. Michael Provost

ID #: 2561 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: Michael.Provost@Massmail.state.ma.us

Probe Information:

License #: _____ SS #: _____

Last Name: _____ First Name: _____

Notes: The request for facial recognition is based on the fact that this young lady appeared in the Newburyport District Court and represented herself as someone else. She provided a date of birth of [REDACTED] but was unable to provide any identification or social security number.

Contact the Facial Recognition Team at 857-368-8605 upon completion of case for license(s) revocation, flagging, and activity hold placement on record(s).

For MVRs-Facial Recognition Team Use Only:

Date of search:	Performed by:
<input type="checkbox"/> Record Flagged	<input type="checkbox"/> Record Released
<input type="checkbox"/> FR Notes added	