

Facial Recognition Request Form

Directions:

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

Date: 01/30/17 Case# [REDACTED]

Requesting Agency: Needham PD

Requestors Name: Det. Brian Gallerani

ID# 5178 Phone#: [REDACTED] Fax#: [REDACTED]

Official E-Mail

Address: bgallerani@needhamma.gov

Probe Information:

License# [REDACTED] SS# [REDACTED]

Last Name: [REDACTED] First Name: [REDACTED]

Notes: [REDACTED] is a suspect in an on-going Needham PD drug investigation. Information obtained from [REDACTED] PD indicates the social security number [REDACTED] provided to the MA RMV was falsely used and does not represent his true identity. I am therefore requesting facial recognition be used in an attempt to obtain the true identity of the person using [REDACTED] personal identification information

Contact the Facial Recognition Team @ 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: _____

___ Record Flagged ___ Record Released ___ FR Notes added

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