Facial Recognition Request Form

Directions:

Official E-Mail Address: bgallerani@needhamma.gov Probe Information: License# SS# First Notes: is a suspect in an on-going indicates in an on-g	Fax#:
Official E-Mail Address: bgallerani@needhamma.gov Probe Information: License# SS# Last Name: Ss# Notes: is a suspect in an on-going indicates provided to the MA RMV was falsely used I am therefore requesting facial recognition be used of the person using personal ide Contact the Facial Recognition Team @ 857-368 license(s) revocation, flagging, and activity hold plage.	Fax#:
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I am therefore requesting facial recognition be used of the person using personal identification. Contact the Facial Recognition Team @ 857-368 license(s) revocation, flagging, and activity hold planting.	g Needham PD drug investigation. the social security number and does not represent his true identity
Contact the Facial Recognition Team @ 857-368 license(s) revocation, flagging, and activity hold pla	in an attempt to obtain the true identity
license(s) revocation, flagging, and activity hold pla	tificationinformation
For MVRS-Facial Recognition Team Use C	
3	
Date of search: Pre	nly:
Record Flagged Record Released	nly:

Facial Recognition Request Form

1.) Fill out all information as completely as possible.

Directions:

Date:	01/30/17	Case#	
Request	ting Agency:	Needham PD	
Request	tors Name:D	et. Brian Gallerani	
I D# 5	178	Phone#:	Fax#:
Official Address		eedhamma.gov	
Probe Ir	nformation:		
License	# <u>*******</u> \$	S#	
Last Na	me:	First Name:	
provided therefore	ion obtained from to the MA RMV requesting fac	was falsely used and does in an indicate in an on-going Needh indicates to indicate in an indica	the social security number not represent his true identity. I am attempt to obtain the true identity of
Contact license(s	the Facial Recos) revocation, fla	gnition Team @ 857-368- agging, and activity hold place	.8605 upon completion of case for ement on record(s).
For MV	RS-Facial Re	cognition Team Use O	nly:
Date of	search:	Prefe	ormed by: