



# 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: 03/01/17 Case #: [REDACTED]

Requesting Agency: Sturbridge Police

Requestors Name: P.O. Joseph Ballotte

ID #: 347 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: Joseph.ballotte@sturbridgepd.com

**Probe Information:**

License #: [REDACTED] SS #: [REDACTED]

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

Notes: It is believed [REDACTED] obtained MA license in 1990 under name of [REDACTED] SS# [REDACTED] Looking to link both MA licenses to [REDACTED] See attached police report for more info.

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
Record Flagged	Record Released
	PK Noted