



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: 3/07/17 Case #: [REDACTED]
 Requesting Agency: Chelsea Police Department
 Requestors Name: Det. Rosalba Medina
 ID #: 2658 Phone #: [REDACTED] Fax #: [REDACTED]
 Official E-mail Address: rmedina@chelseama.gov

Probe Information:

License #: [REDACTED] SS #: [REDACTED]
 Last Name: [REDACTED] First Name: [REDACTED]

Notes: Det. VAN NAME and found [REDACTED]
had previously used SS# [REDACTED] for a
lic. application. I respectfully request
any and all information pertaining to this
two social security numbers

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 FR Notes added