



# 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