



# 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: 5/4/17 Case #: \_\_\_\_\_

Requesting Agency: SP MEDFORD

Requestors Name: TPR KEITH SEGRE #3509

ID #: 3509 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: KEITH.SEGRE@POL.STATE.MA.US

**Probe Information:**

License #: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Notes: STATED DOB [REDACTED]

NO STATED SSN, CLAIMED TO HAVE

MASS ID

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
a Record Flagged	a Record Released
	any Notes added