



# 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 617-973-8982.

Date: 7/24/17 Case #: [REDACTED]

Requesting Agency: New York City Police Department

Requestors Name: Sgt. William Planeta

ID #: 2571 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: William.planeta@nypd.org

**Probe Information:**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Notes: Subject depicted in attached images is wanted for a 2004

murder. He is alleged to have secured genuine identification documents in  
an undetermined identity.

Contact the Facial Recognition Team at 617-973-8952 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:
_____	_____
<input type="checkbox"/> Record Flagged	<input type="checkbox"/> Record Released
	<input type="checkbox"/> FR Notes added