

Request for Data

(11-14)

A. Requestor Information - Please indicate by placing an X on the appropriate line:

- Law Enforcement
 Government Agency
 Other

Name: William J. Planeta		Title: Sergeant
Agency: New York Police Department		
Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Telephone Number: [REDACTED]		Fax Number: [REDACTED]
Email Address: William.planeta@nypd.org		

B. End User of Information being requested:

Is the end user different than the requester in Section "A" above? Yes No

Only Complete This Section (B) If You Answered Yes

Name:		Title:
Agency:		
Address:		
City	State:	Zip Code:
Telephone Number:		Fax Number:
Email Address:		

C. Information Requested – Please provide specifics of information being requested:

Request the attached photographs be run through facial recognition system to potentially identify licenses or other identification documents issued to the subject. He is wanted for Grand Larceny and is believed to have secured genuine identification documents in a stolen identity.

D. Purpose for Request – Please state why you are requesting the information:
(Note: If the information is being requested for a task force, working group, etc. ALL members, along with their agency and title, who will have access to the information need to be listed in this section as well).

Criminal investigation.

E. Storage of Information – Please indicate how the information received from PennDOT will be stored and kept secure:

Any information received will be maintained in the case file which is secured at a department facility except when removed for court.

F. Attestation

I attest by signature below that the information provided will be kept secured and used only for the purpose outlined in Section D above and will be in compliance with Section §6114 of the Vehicle Code , 75 Pa. C.S. Section 6114, Limitation on sale, publication and disclosure of records; Title 67, Pennsylvania Code, Chapter 95, Sale, Publication or Disclosure of Driver, Vehicle and Accident Records and Information; the Federal Driver's Privacy Protection Act, U.S.C. §§2721, *et seq.*; and the Federal Fair Credit Report Act, 15 U.S.C. §§ 1681, *et seq.* I also understand that by signing this I agree that the information provided will not be disclosed or disseminated to any other parties and that I am responsible for protecting the confidentiality of the information provided.

Signature:

Date:

Print Name: William J. Planeta

5/28/18

Supervisor's Signature:

Date:

Print Name: D.I. Christopher Flanagan

5/28/18

Note: If approved, confidential customer information provided by the Department will only be provided in encrypted file format.

Please allow 5 business days for your request to be processed.

Return this form VIA FAX TO Brent D. Lawson, Risk Management Office, AT 717-787-9042 or email to blawson@pa.gov

For Internal Use Only:

Approved By: _____

Date: _____

Director, Risk Management Office

PennDOT Comments: