



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: 6/04/2018 Case #: [REDACTED]

Requesting Agency: New York City Police Department

Requestors Name: Det. Michael McFadden

ID #: 6001 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: michael.mcfadden@nypd.org

Probe Information:

License #: _____ SS #: _____

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

Notes: **Subject is wanted for a [REDACTED] NY; residential burglary. Subject has an active warrant from [REDACTED]. Subject uses many first names and DOB's usually with the surname of [REDACTED] with a birth date in the mid - late [REDACTED] s.**

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: _____

Record Flagged Record Released FR Notes added