

# Facial Recognition Request Form

Directions:

- 1.) Fill out all information as completely as possible.
- 2.) Fax completed form to the MVRS-Facial Recognition Team @ 857-368-0645.

Date: 6/19/18 Case# [REDACTED]

Requesting Agency: DEDHAM POLICE DEPT

Requestors Name: DET. KEVIN MAHONEY

ID# 192 Phone#: [REDACTED] Fax#: [REDACTED]

Official E-Mail Address: kmahoney@police.dedham-ma.gov

Probe Information:

License# [REDACTED] SS# [REDACTED]

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

Notes: [REDACTED] OPERATOR'S LICENSE GIVEN DURING CAR STOP  
IN DRUG INVESTIGATION. [REDACTED] FUSION CENTER REPORTS  
THAT THE ID HAS BEEN COMPROMISED. [REDACTED] LICENSE  
PIC ATTACHED TO THIS EMAIL.

Contact the Facial Recognition Team @ 857-368-8605 upon completion of case for license(s) revocation, flagging, and activity hold placement on record(s).

Facial Recognition Team Use Only:

Date of search: \_\_\_\_\_ Performed by: \_\_\_\_\_

FR # Requests: \_\_\_\_\_ Matches: \_\_\_\_\_