



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: 6/21/18 Case #: [REDACTED]

Requesting Agency: SOMERVILLE P.D.

Requestors Name: DETECTIVE PAUL DUFFY

ID #: 200 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: pduffy@police.somerville.ma.us

Probe Information:

License #: _____ SS #: _____

Last Name: _____ First Name: _____

Notes: UNKNOWN BLACK MALE
RESPONSIBLE FOR +16 ARMED ROBBERIES
AT GUNPOINT

PHOTOGRAPH WILL BE EMAILED

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: _____

Record Flagged Record Released FR Notes added