



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: 1-12-18 Case #: [REDACTED]

Requesting Agency: Mashantucket Pequot Police Dept.

Requestors Name: Inv. Kristen Dimauro

ID #: LD 737 Phone #: [REDACTED] Fax #: [REDACTED]

Official E-mail Address: Kdimauro@mptn-nsh.gov

Probe Information:

License #: _____ SS #: _____

Last Name: _____ First Name: _____

Notes: Suspect attempted to cash 2 fraudulent checks using 2 different names at [REDACTED] : Photo taken 01-10-18

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