



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: 10/18/18 Case #: [REDACTED]

Requesting Agency: Howland Security Investigations

Requestors Name: Special Agent Tim Castello

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

Official E-mail Address: timothy.castello@dhs.gov

Probe Information:

License #: [REDACTED] SS #: [REDACTED]

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

Notes: I am attaching surveillance photos to the above referenced individual. Thank you for your help. Please contact me at [REDACTED] with any questions.

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: [REDACTED] Performed by: [REDACTED]

Record Flagged Record Released FR Notes added