

**FACIAL RECOGNITION EXTERNAL  
 REQUEST FORM**

Requestor	Case Report Number	Agency/ORI	Date
Contact Phone Number(s)		Contact Email Address	
Supervisor Name		Contact Number	
Investigation Type			
Type of Image Submitted			Date of Image
Subject Information (Name, DOB, Age, SSN, Other ID Numbers - If known)			

Email form to: [LECU@AZDOT.GOV](mailto:LECU@AZDOT.GOV)

FAX TO: 602-212-1330

Mail to: Enforcement and Compliance Division  
 Office of Inspector General  
 Attn: Facial Recognition Section  
 P.O. Box 2100 - Mail Drop 514M  
 PHOENIX, AZ 85001-2100

INTERNAL USE ONLY	
Date Received	Processed By
ECD Case Number Assigned	Number of Images Received
Results (No Record, Hit, No Hit, etc.)	
Released By (Fax, Mail, Secured Email, Pick-Up)	

By	Title
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