

MCAC Multiple Photo Request Only



DATE: _____ TIME: _____

RFS Request taken by: _____

Priority (Check one) Immediate Priority Routine

Requestor's Name: _____	ID #: _____
Requestor's Agency: _____	Empl. Verify: _____ MCAC USE Only
E-mail: _____	Telephone #: _____

Name: _____	DOB _____	OLN: _____
Type of Case/Crime Investigation <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other	Case#: _____	R-09- _____ MCAC USE Only

Name: _____	DOB _____	OLN: _____
Type of Case/Crime Investigation <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other	Case#: _____	R-09- _____ MCAC USE Only

Name: _____	DOB _____	OLN: _____
Type of Case/Crime Investigation <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other	Case#: _____	R-09- _____ MCAC USE Only

Name: _____	DOB _____	OLN: _____
Type of Case/Crime Investigation <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other	Case#: _____	R-09- _____ MCAC USE Only

Name: _____	DOB _____	OLN: _____
Type of Case/Crime Investigation <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other	Case#: _____	R-09- _____ MCAC USE Only

MCAC Use Only:

Criminal Predicate? (Circle) YES or NO Entered into Case Explorer: YES or NO

Date Completed/Delivered: _____ Time Completed/Delivered: _____

How Information was delivered: (circle one): FAX TEL EMAIL P/UP OTHER

Assigned Search Analyst: _____ Time Spent: _____

Supervisor Review:

Name: _____ Date: _____ Disposition: _____