Facial Recognition Examination Request Form

Requesting Officer/Deputy's Name	
Case/CAD Number	
Date	Time

Authorized Purposes Check Box(es):

- ❑ To aid in the identification of a person when there is reasonable suspicion or probable cause to believe that the specific individual has committed, is committing, or is about to commit a crime.
- ❑ To aid in the identification of a person who, due to some incapacity, is unable to identify themselves.
- ❑ To aid in the identification of a person who is deceased.
- ❑ To aid in the identification of a person where there is an articulable basis to believe the person is a missing person, the victim of a crime, or a witness to criminal activity.
- ❑ To aid in the identification of a person who is in custody as the result of an arrest and does not possess valid identification, is not cooperative with providing their identification, or appears to be providing false identification information.
- ❑ To mitigate an articulated imminent threat to public safety or health. (For example, to mitigate an articulable imminent threat of terrorism).

Facial recognition technology shall not be used to identify a person participating in constitutionally protected activities in public spaces unless there is probable cause to believe that an offense has been committed. Facial recognition technology shall not be used for any personal purpose.

Contact your KACo Insurance Services law enforcement specialist for more information:

Phil Crumpton - phill.crumpton@kaco.org - 502-223-7667

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Investigative information/Details of request

Approving Supervisor _____

Date _____

Time Approved _____

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