



PLAINSBORO TOWNSHIP POLICE
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Eamon Blanchard
CHIEF OF POLICE
DIRECTOR OF
PUBLIC SAFETY

VISA LETTER REQUEST FORM

NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____

Previous Address In Plainsboro: _____

Length of Residency in Plainsboro:

From (Month / Date / Year) _____

To (Month / Date / Year) _____

Signature when Applying: _____ Date: _____

Signature when Receiving: _____ Date: _____