



Hurricane Emergency Contact Form

ALL INFORMATION SUPPLIED WILL REMAIN CONFIDENTIAL.PLEASE FILL OUT AND RETURN TO TOWN HALL

1. Owner Name _____ Address _____
Email _____ Phone _____
Alternate Mailing Address _____ City/state/zip _____

I give the Town permission to register me for ☐ Emergency Alerts ☐ General Town Notifications _____
(Initial)

2. Owner Name _____ Address _____
Email _____ Phone _____
Alternate Mailing Address _____ City/state/zip _____

I give the Town permission to register me for ☐ Emergency Alerts ☐ General Town Notifications _____
(Initial)

HOUSEHOLD INFORMATION

How long have you been a resident of Golden Beach?

☐ Less than one year ☐ 1-5 years ☐ 6-10 years ☐ More than 10 years

Marital Status (please circle one)

Single Married Separated Divorced Widowed

Primary Language Spoken at Home _____

How many residents reside in your household: _____

Members of Household's Names, Ages, Relationships:

1. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____
2. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____
3. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____
4. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____
5. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____
6. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____
7. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____
8. Family Member Name _____ Gender___ Age___ Date of Birth_____
Relationship_____ Contact Number/Cell Phone Number_____
Email _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Address: _____

Preferred Hospital: _____

In case of an emergency, is there anyone in your home who may require special assistance (Elderly, Disabled etc.):

Yes or No

Do you have a Home Security Alarm? (Please circle one): Yes or No

If yes, is it an Audible Alarm? (Please circle one): Yes or No

Alarm Company Name: _____ Alarm Company Phone: _____

Property Gate Codes (for police use only): _____

VEHICLE INFORMATION

1. Vehicle Year/Make/Model/ Color _____

Primary Driver of this Vehicle: _____

Vehicle Registration Number: _____ Confirmed by Town _____

Vehicle Insurance Information: _____ Confirmed by Town _____

Vehicle License Plate Number: _____ Confirmed by Town _____

Vehicle Transponder ID Number _____

2. Vehicle Year/Make/Model/ Color _____

Primary Driver of this Vehicle: _____

Vehicle Registration Number: _____ Confirmed by Town _____

Vehicle Insurance Information: _____ Confirmed by Town _____
Vehicle License Plate Number: _____ Confirmed by Town _____
Vehicle Transponder ID Number _____

3. Vehicle Year/Make/Model/ Color _____
Primary Driver of this Vehicle: _____
Vehicle Registration Number: _____ Confirmed by Town _____
Vehicle Insurance Information: _____ Confirmed by Town _____
Vehicle License Plate Number: _____ Confirmed by Town _____
Vehicle Transponder ID Number _____

4. Vehicle Year/Make/Model/ Color _____
Primary Driver of this Vehicle: _____
Vehicle Registration Number: _____ Confirmed by Town _____
Vehicle Insurance Information: _____ Confirmed by Town _____
Vehicle License Plate Number: _____ Confirmed by Town _____
Vehicle Transponder ID Number _____

5. Vehicle Year/Make/Model/ Color _____
Primary Driver of this Vehicle: _____
Vehicle Registration Number: _____ Confirmed by Town _____
Vehicle Insurance Information: _____ Confirmed by Town _____
Vehicle License Plate Number: _____ Confirmed by Town _____
Vehicle Transponder ID Number _____

HOUSE STAFF INFORMATION

1. Staff Member Name _____ Job _____
Phone _____ Typical Hours of Work _____
(Please circle one) Live-In or Part-Time
2. Staff Member Name _____ Job _____
Phone _____ Typical Hours of Work _____
(Please circle one) Live-In or Part-Time
3. Staff Member Name _____ Job _____
Phone _____ Typical Hours of Work _____
(Please circle one) Live-In or Part-Time
4. Staff Member Name _____ Job _____
Phone _____ Typical Hours of Work _____
(Please circle one) Live-In or Part-Time

PETS

1. Pets Name : _____ Pets Age: _____ Pets Breed: _____
Gender: _____ Color: _____ Weight: _____
Type of Pet (please circle one): DOG CAT OTHER (please specify): _____
2. Pets Name : _____ Pets Age: _____ Pets Breed: _____
Gender: _____ Color: _____ Weight: _____
Type of Pet (please circle one): DOG CAT OTHER (please specify): _____
3. Pets Name : _____ Pets Age: _____ Pets Breed: _____
Gender: _____ Color: _____ Weight: _____
Type of Pet (please circle one): DOG CAT OTHER (please specify): _____

RESIDENT SERVICES QUESTIONNAIRE

On a scale 1to 5, one meaning “Never” and five meaning “Very Regularly”:

How often do you read Town Magazine? 1 2 3 4 5

How often do you watch the Town’s News Station? 1 2 3 4 5

How often do you attend Town events? 1 2 3 4 5

For future events, would you like to register as Kosher? Yes or No

Do you have a current Town ID? Yes or No

Please Contact Town Hall to obtain your Town ID Card

Phone: (305) 932-0744

Email: jkrepp@goldenbeach.us