



Resident Access Card Information Form 2024

Please respond by 7/13/2024. We will begin home visits for non-responders starting 7/15/2024

Updated 7/1/2024

1. Owner Name Laurent Abitbol Address 237 Golden Beach Drive
Email Johanna_dayan@hotmail.com Phone 9542543880
Alternate Mailing Address _____ City/State/Zip Golden Beach/ FL/ 33160
I give the Town permission to register me for ☒ Emergency Alerts ☐ General Town Notifications LA
(Initial)

2. Owner Name Johanna Dayan Address 237 Golden Beach Drive
Email Johanna_dayan@hotmail.com Phone 3057668471
Alternate Mailing Address _____ City/State/Zip Golden Beach/ FL/ 33160
I give the Town permission to register me for ☒ Emergency Alerts ☐ General Town Notifications JD
(Initial)

HOUSEHOLD INFORMATION

Primary Language Spoken at Home French

How many residents reside in your household: 5

Are you an Owner/Tenant/Property Manager/Other?: Owner If Other, please specify: _____

For Tenants:

Rental Agreement Start Date: _____ Rental Term Length: _____

Members of Household's Names, Ages, Relationships:

1. Family Member Name Gael Abitbol Gender F Age 24 Date of Birth 12/25/1999
Relationship Daughter Contact Number/Cell Phone Number 9543488402
Email _____ Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
2. Family Member Name Emmanuel Abitbol Gender M Age 22 Date of Birth 07/20/2002
Relationship Son Contact Number/Cell Phone Number 9548421985
Email _____ Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
3. Family Member Name Jacob Abitbol Gender M Age 16 Date of Birth 05/21/2008
Relationship Son Contact Number/Cell Phone Number 7867250181
Email _____ Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
4. Family Member Name _____ Gender _____ Age _____ Date of Birth _____
Relationship _____ Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
5. Family Member Name _____ Gender _____ Age _____ Date of Birth _____
Relationship _____ Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
6. Family Member Name _____ Gender _____ Age _____ Date of Birth _____
Relationship _____ Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply) : ☐ Kosher ☐ Vegetarian
7. Family Member Name _____ Gender _____ Age _____ Date of Birth _____
Relationship _____ Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
8. Family Member Name _____ Gender _____ Age _____ Date of Birth _____
Relationship _____ Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian

EMERGENCY INFORMATION

Emergency Contact Name: Michael Abitbol Emergency Contact Phone: 9546188594

Emergency Contact Address: _____

Emergency Contact Name: Michael Abitbol Emergency Contact Phone: 9546188594

Emergency Contact Address: _____

Preferred Hospital: Mount Sinai

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

Yes or No no

Do you have a Home Security Alarm? (Please choose): If ☐ Yes ☒ No

yes, is it an Audible Alarm? (Please choose): ☐ Yes ☒ No

Alarm Company Name: _____ Alarm Company Phone: _____

Property Gate Codes (for police use only): _____

VEHICLE INFORMATION

1. Vehicle Year: 2023 Make: Audi Model: Q5 Color: Grey
Primary Driver of this Vehicle: Johanna Dayan
Vehicle License Plate Number: GGN X69
Vehicle Transponder ID Number: _____

2. Vehicle Year: 2021 Make: Tesla Model: Y Color: Grey
Primary Driver of this Vehicle: Laurent Abitbol
Vehicle License Plate Number: QCS U37
Vehicle Transponder ID Number: _____

3. Vehicle Year: 2022 Make: Tesla Model: 3 Color: Black
Primary Driver of this Vehicle: Emmanuel Abitbol
Vehicle License Plate Number: 33D FNA
Vehicle Transponder ID Number: _____
4. Vehicle Year: 2024 Make: Tesla Model: 3 Color: Blue
Primary Driver of this Vehicle: RQU 209
Vehicle License Plate Number: JACOB ABITBOL
Vehicle Transponder ID Number: _____
5. Vehicle Year: _____ Make: Tesla Model: _____ Color: _____
Primary Driver of this Vehicle: _____
Vehicle License Plate Number: _____
Vehicle Transponder ID Number: _____

VESSEL INFORMATION (Marine Vessels)

1. Hull Identification Number (HIN) _____ FL Number _____
Make _____ Model _____ Color _____
Name of the Vessel _____
2. Hull Identification Number (HIN) _____ FL Number _____
Make _____ Model _____ Color _____
Name of the Vessel _____
3. Hull Identification Number (HIN) _____ FL Number _____
Make _____ Model _____ Color _____
Name of the Vessel _____

HOUSE STAFF INFORMATION

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

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

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

PETS

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

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

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

RESIDENT ID CARD

Please contact Town Hall to obtain your Town Access ID Card at ResidentServices@goldenbeach.us

- Include the words "RESIDENT ID" in the email subject line.
- Include your First & Last Name and Address
- Include a passport-style photo, keep in mind the following criteria:
 1. Submit **one color photo** per ID, label the file with your full name.
 2. Submit a **recent photo** taken in last 6 months.
 3. Use a **clear, high-resolution image of your face**.
 4. **Do not change your photo** using computer software, phone apps or filters, or artificial intelligence.
 5. Have someone else take your photo. **No selfies**.
 6. **Take off your eyeglasses, earbuds, headphones, or hats** for your photo.
 7. Use a **white or off-white background without shadows, texture, or lines**.
- We will notify you by email when your ID is ready for pick-up

