Golden BEACH

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 _Bradley I. Meier_ Address _229 Ocean Blvd. Golden Beach_

    Email _bmeier311@aol.com_ Phone _305-778-0096_

    Alternate Mailing Address _____ City/State/Zip _____

    I give the Town permission to register me for ☑ Emergency Alerts ☑ General Town Notifications **BM**
    (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

Primary Language Spoken at Home _English_

How many residents reside in your household: _1_

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 _____ Gender____ Age_____ Date of Birth_____
   Relationship_____ Contact Number/Cell Phone Number_____
   Email _____ Dietary Requests (check any that apply ☐ Kosher ☐ Vegetarian

2. Family Member Name _____ Gender____ Age_____ Date of Birth_____
   Relationship_____ Contact Number/Cell Phone Number_____
   Email _____ Dietary Requests (check any that apply ☐ Kosher ☐ Vegetarian

3. Family Member Name _____ Gender____ Age_____ Date of Birth_____
   Relationship_____ Contact Number/Cell Phone Number_____
   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: Margie Zepeda   Emergency Contact Phone: 786-553-7794

Emergency Contact Address: 21455 NE 2nd Place, Miami, FL 33179

Emergency Contact Name: Margie Zepeda   Emergency Contact Phone: 786-553-7794

Emergency Contact Address: 21455 NE 2nd Place, Miami, FL 33179

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: ADT   Alarm Company Phone: 1-800-238-2727

Property Gate Codes (for police use only): N/A

VEHICLE INFORMATION

1. Vehicle Year: 2011   Make: CHEV   Model: Suburban Truck   Color: BLACK
   Primary Driver of this Vehicle: Bradley Meier
   Vehicle License Plate Number: PJP6W
   Vehicle Transponder ID Number: 11546364.0110

2. Vehicle Year: 2009   Make: Bentley   Model: Arnage   Color: White
   Primary Driver of this Vehicle: Bradley Meier
   Vehicle License Plate Number: PGS7T
   Vehicle Transponder ID Number: 073015580110

3. Vehicle Year: 2009 Make: Bentley Model: Arnage Color: Black
   Primary Driver of this Vehicle: Bradley Meier
   Vehicle License Plate Number: PHG4X
   Vehicle Transponder ID Number: 0730155809119

4. Vehicle Year: 2010 Make: Land Rover Model: Range Rover Sports Color: Bronze
   Primary Driver of this Vehicle: Bradley Meier
   Vehicle License Plate Number: PHG5X
   Vehicle Transponder ID Number: 644512701100

5. Vehicle Year: 2013 Make: Cadillac Model: Escalade Color: Black
   Primary Driver of this Vehicle: Bradley Meier
   Vehicle License Plate Number: PHR3E
   Vehicle Transponder ID Number: 0519209810186

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: Maria "Margie" Zepeda Job: Housekeeper
   Phone: 786-553-7994 Typical Hours of Work: 12-6
   (Please check one) ☐ Live-In ☑ Part-Time

2. Staff Member Name: Chris Weloff Job: Maintenance/Driver
   Phone: 786-423-7773 Typical Hours of Work_____
   (Please circle one) ☐ Live-In ☑ Part-Time

3. Staff Member Name_Jeff Weloff_____ Job_Maintenance_____
   Phone_786-262-3777_____ 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**