



## 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 Alan Rotter Address 439 center Island Dr

Email alan.rotter@gmail.com Phone 786 8531123

Alternate Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

2. Owner Name karen Gross Address 439 Center Island dr

Email karengross1@gmail.com Phone 7862101518

Alternate Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

### HOUSEHOLD INFORMATION

Primary Language Spoken at Home spanish

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 karen Gross Gender F Age 51 Date of Birth may 9 1973  
Relationship wife Contact Number/Cell Phone Number 7862101518  
Email karengross1@gmail.com Dietary Requests (check any that apply) ☐ Kosher ☒ Vegetarian
2. Family Member Name alan Rotter Gender M Age 64 Date of Birth sept 7 1960  
Relationship husband Contact Number/Cell Phone Number 786 8531123  
Email \_\_\_\_\_ Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
3. Family Member Name leonardo Rotter Gender M Age 16 Date of Birth march 1 2008  
Relationship son Contact Number/Cell Phone Number none  
Email \_\_\_\_\_ Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
4. Family Member Name Camila Rotter Gender F Age 16 Date of Birth march 1 2008  
Relationship daughter Contact Number/Cell Phone Number 305 8339420  
Email crobi26@coonackstudent.org Dietary Requests (check any that apply): ☒ Kosher ☐ Vegetarian
5. Family Member Name Galia Rotter Gender F Age 32 Date of Birth jan 20 1992  
Relationship daughter Contact Number/Cell Phone Number 305 2067570  
Email galiarotter1@gmail.com 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: Deborah Rotter Emergency Contact Phone: 786 6517441

Emergency Contact Address: 18641 NE 21ST AV NORTH

MIAMI BEACH FL.

Emergency Contact Name: Deborah Rotter Emergency Contact Phone: 786 6517441

Emergency Contact Address: \_\_\_\_\_

Preferred Hospital: Aventura Hospital / Hollywood Memorial Hospital

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.com Alarm Company Phone: 7864860818

Property Gate Codes (for police use only): none

## VEHICLE INFORMATION

1. Vehicle Year: 2012 <sup>2022</sup> Make: maserati Model: levante Color: black  
Primary Driver of this Vehicle: alan Rotter  
Vehicle License Plate Number: BL47YG  
Vehicle Transponder ID Number: \_\_\_\_\_

2. Vehicle Year: 2012 <sup>2022</sup> Make: Range Rover Model: defender Color: silver  
Primary Driver of this Vehicle: Galia Rotter  
Vehicle License Plate Number: ~~AYZ3DR~~ HFLC72  
Vehicle Transponder ID Number: \_\_\_\_\_

↓  
KAREN GEOSSE

3. Vehicle Year: 2012 Make: ~~cadillac~~ Model: Y Color: black  
Primary Driver of this Vehicle: Galia Rotter  
Vehicle License Plate Number: RNH J96  
Vehicle Transponder ID Number:

4. Vehicle Year: 2012 Make: ~~cadillac~~ <sup>TESLA</sup> Model: SRX Color: black  
Primary Driver of this Vehicle: Galia Rotter  
Vehicle License Plate Number: AY23DB  
Vehicle Transponder ID Number:

5. Vehicle Year: 2012 Make: ~~cadillac~~ Model: Color:   
Primary Driver of this Vehicle: Galia Rotter  
Vehicle License Plate Number:  
Vehicle Transponder ID Number:

### VESSEL INFORMATION (Marine Vessels)

1. Hull Identification Number (HIN) FL9717SV  
Make 2021 YAM Model Color RED  
Name of the Vessel WAVE RUNNERZ.

2. Hull Identification Number (HIN) FL9725SV  
Make 2021 YAM Model Color GREEN  
Name of the Vessel WAVE RUNNERZ.

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

### HOUSE STAFF INFORMATION

1. Staff Member Name LILIAN ARQUELO Job MAID  
Phone 303 565 3148 Typical Hours of Work 8-6  
(Please check one) ☒ Live-In ☐ Part-Time

2. Staff Member Name LUCY TORRES Job MAID  
Phone Typical Hours of Work  
(Please circle one) ☐ Live-In ☒ Part-Time

786 672 9385.

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 : COCO Pets Age: 4 Pets Breed: MINI GOLDEN POODLE  
Gender: M Color: BROWN Weight: 38 LBS  
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](mailto: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