



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 Stephanie Halper Address 96 Golden Beach Dr.
Email solhalper@gmail.com Phone 305 519 5731
Alternate Mailing Address _____ City/State/Zip Golden Beach Dr.

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

2. Owner Name Ricardo Halper Address _____
Email ricardohalper@me.com Phone 305 725 0310
Alternate Mailing Address _____ City/State/Zip _____

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

HOUSEHOLD INFORMATION

Primary Language Spoken at Home Spanish

How many residents reside in your household: 6

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 SAME Gender F Age 43 Date of Birth 4/28/1981
Relationship _____ Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
2. Family Member Name SAME Gender M Age 50 Date of Birth 6/13/74
Relationship _____ Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
3. Family Member Name Eduardo Gender M Age 20 Date of Birth 1/09/04
Relationship Son Contact Number/Cell Phone Number 786 452 3817
Email _____ Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
eduardohalfer@me.com
4. Family Member Name Veronica Gender F Age 17 Date of Birth 11/09/06
Relationship Daughter Contact Number/Cell Phone Number 305 965 5122
Email _____ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
veroncahalfer@gmail.com
5. Family Member Name Alexander Gender M Age 13 Date of Birth 01/20/2011
Relationship Son Contact Number/Cell Phone Number 786 436 3481
Email _____ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
alexhalfer11@gmail.com
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: Raguel Emergency Contact Phone: _____

Emergency Contact Address: 7863014751

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Address: _____

Preferred Hospital: Memorial

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 choose): If ☒ Yes ☐ No

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

Alarm Company Name: ADT Alarm Company Phone: 305 805 4999

Property Gate Codes (for police use only): _____

VEHICLE INFORMATION

1. Vehicle Year: 2024 Make: AUDI Model: Q4 Color: Dark Grey
Primary Driver of this Vehicle: Ricardo Halpern
Vehicle License Plate Number: 72DVXM
Vehicle Transponder ID Number: _____

2. Vehicle Year: 2023 Make: AUDI Model: Q3 Color: White
Primary Driver of this Vehicle: Veronica Halpern
Vehicle License Plate Number: NDPEHD
Vehicle Transponder ID Number: _____

3. Vehicle Year: 2023 Make: BMW Model: X5 Color: White
Primary Driver of this Vehicle: Stephanie
Vehicle License Plate Number: LJI 761
Vehicle Transponder ID Number: _____

4. Vehicle Year: 2023 Make: INFINITY Model: QX50 Color: White
Primary Driver of this Vehicle: Eduardo
Vehicle License Plate Number: AP4JAX
Vehicle Transponder ID Number: _____

5. Vehicle Year: _____ Make: _____ 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 Boston Whaler Model _____ Color White
Name of the Vessel Aquaholic

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 Luz Mary Martinez Job Nanny
Phone 7863286999 Typical Hours of Work Live in
(Please check one) ☒ Live-In ☐ Part-Time

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

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 : Cookie Pets Age: 10 Pets Breed: Markie
Gender: F Color: Brown Weight: 6 pounds
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**