

## 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 Haften Address 96 Golder Be	arch &
1. Owner Name Stephanie Haften Address 96 Colder Be Email Schalgen @ graul. (Phone 305519573)	Relation
Alternate Mailing Address City/State/Zip_Golden B	ach &
I give the Town permission to register me for Emergency Alerts General Town Notifications	(Initial)
2. Owner Name <u>Breards</u> Halfen Address Email <u>Freards</u> halfen @me. wphone 3057250310	opera n Nem 1
Email Micardo halpen @me. 10 Phone 3057250310	
Alternate Mailing Address City/State/Zip	Family
I give the Town permission to register me for Emergency Alerts General Town Notifications	(Initial)
HOUSEHOLD INFORMATION	
Primary Language Spoken at Home	
How many residents reside in your household:	
Are you an Owner/Tenant/Property Manager/Other?: Owner_If Other, please specify:	6.846
For Tenants:	
Rental Agreement Start Date: Rental Term Length:	



ı.	Family Member Name	SAME Gender F Age 43 Date of Birth 4/28/19
	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
		Dietary Requests (check any that apply Kosher Vegetarian
3.	Family Member Name _	Educado Gender M Age 20 Date of Birth 1/09/02  Contact Number/Cell Phone Number 786 457 38 19
	Relationship Son	Contact Number/Cell Phone Number 386 457.38 19
	Email	Dietary Requests (check any that apply Kosher Vegetarian
	Family Member Name _	Venuca Gender F Age 17 Date of Birth 11/09/06
	Relationship Dang	http:// Contact Number/Cell Phone Number 305 9655122
	Email	Contact Number/Cell Phone Number 305 9655122  Dietary Requests (check any that apply): Kosher Vegetarian
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	Veronicahal Family Member Name	an @ gmaul.com Alexandu Gender MAge 13 Date of Birth 01/20120
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EMERGENCY INFORMATION	
Emergency Contact Name: Raquel Emergency Contact Phone:  Emergency Contact Address: 7863014751	adolls, in apperiors of the V
Emergency Contact Address: 7863014751	
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Emergency Contact Name: Emergency Contact Phone:	Deurovi nafi serebili i kumpeu
Emergency Contact Address:	oganor o socialis estas
Preferred Hospital:	hicle Year Start Maker Connection of the Connect
case of an emergency, is there anyone in your home who may require special assistan	ce (Elderly, Disabled etc.):
es or No	
o you have a Home Security Alarm? (Please choose): If Yes No  es, is it an Audible Alarm? (Please choose): Yes No	92-4999
Narm Company Name: ADT Alarm Company Phone:	305001111
Property Gate Codes (for police use only):	Cy O LUNE V PULSU BING
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VEHICLE INFORMATION	Deck
1. Vehicle Year: 2024 Make: AUDI Model: R4	color: Grey
Primary Driver of this Vehicle: Breards Helfer	HUHMI HHA WEEL
Vehicle License Plate Number:	
Vehicle Transponder ID Number	F136328638F mon
	all seal X (are sponsored)
2. Vehicle Year: 2023 Make: AUD   Model: QUS	Color: White
Primary Driver of this Vehicle: Veronica Halfen	
Vehicle License Plate Number: NDPEHD	
Vehicle Transponder ID Number	<del></del>



3.	Vehicle Year: 2023 Make: BMW Model: X5  Primary Driver of this Vehicle: Stephanil  Vehicle License Plate Number: LTIP61	
	Vehicle Transponder ID Number	Secretary Secretary
4.	Vehicle Year: 723 Make: INTINITY Model: QXTD  Primary Driver of this Vehicle: Fducado  Vehicle License Plate Number: AP4TAX  Vehicle Transponder ID Number	_color: white
5.	Vehicle Year: Make: Model: Primary Driver of this Vehicle: Vehicle License Plate Number: Vehicle Transponder ID Number	
1.	Hull Identification Number (HIN)FL Number Make Bolon WhiteModel Color_ (NIMP	CanalAyını <b>Saktoolok jaş</b> Saktoolok James Saktoolok jaşıla
	Name of the Vessel Aquablic	
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	
	OUSE STAFF INFORMATION  Staff Member Name Luz Many Martinez Job N	Janny
1.	Staff Member Name Luz May Martinez Job New Phone 7863286999 Typical Hours of Work Live 10 (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	The state of the s	_ Job
Phone	Typical Hours of Work	
(Please circle one)	ive-In Part-Time	
Staff Member Name		_ Job
Phone	Typical Hours of Work	
(Please circle one)	ive-In Part-Time	
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	Pets Age: 10 Pets Bro	eed: Morkie
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Pets Name : Cold Type of Pet :  Pets Name : Cold Type of Pet :  Pets Name : Cold Type of Pet :	Pets Age: Pets Breezer:	eed: R (please specify): eed:

## **RESIDENT ID CARD**

Please contact Town Hall to obtain your Town Access ID Card at <a href="mailto:ResidentServices@goldenbeach.us">ResidentServices@goldenbeach.us</a>

- 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

