



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 _____ Address _____

Email _____ Phone _____

Alternate Mailing Address _____ City/State/Zip _____

I give the Town permission to register me for ☐ Emergency Alerts ☐ General Town Notifications _____
(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 _____

How many residents reside in your household: _____

Are you an Owner/Tenant/Property Manager/Other?: _____ 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: _____ Emergency Contact Phone: _____

Emergency Contact Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Address: _____

Preferred Hospital: _____

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: _____ Alarm Company Phone: _____

Property Gate Codes (for police use only): _____

VEHICLE INFORMATION

1. Vehicle Year: _____ Make: _____ Model: _____ Color: _____

Primary Driver of this Vehicle: _____

Vehicle License Plate Number: _____

Vehicle Transponder ID Number _____

2. Vehicle Year: _____ Make: _____ Model: _____ Color: _____

Primary Driver of this Vehicle: _____

Vehicle License Plate Number: _____

Vehicle Transponder ID Number _____

3. Vehicle Year:_____ Make:_____ Model:_____ Color:_____
Primary Driver of this Vehicle:_____
Vehicle License Plate Number:_____
Vehicle Transponder ID Number_____

4. Vehicle Year:_____ Make:_____ Model:_____ Color:_____
Primary Driver of this Vehicle:_____
Vehicle License Plate Number:_____
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_____ 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