



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 Rachik Markarian Address 490 Ocean Blvd
Email rachikusa@yahoo.com Phone (305) 934-8107
Alternate Mailing Address _____ City/State/Zip _____

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

2. Owner Name Svetlana Gorbunova Address 490 Ocean Blvd
Email gorbunova01@yahoo.com Phone (305)319-0339
Alternate Mailing Address _____ City/State/Zip _____

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

HOUSEHOLD INFORMATION

Primary Language Spoken at Home English, Russian

How many residents reside in your household: 3

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 Rachik Markarian Gender M Age 69 Date of Birth 05.04.1955
Relationship Husband Contact Number/Cell Phone Number 305-934-8107
Email rachikusa@yahoo.com Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
2. Family Member Name Svetlana Gorbunova Gender F Age 61 Date of Birth 01.01.1963
Relationship Wife Contact Number/Cell Phone Number 305-319-0339
Email gorbunova01@yahoo.com Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
3. Family Member Name Makar Markaryan Gender M Age 20 Date of Birth 11.04.2003
Relationship Son Contact Number/Cell Phone Number 305-546-9992
Email markaryanmakar7@gmail.com 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: Alex Kroytor Emergency Contact Phone: 305-970-2125

Emergency Contact Address: _____

Emergency Contact Name: Alex Kroytor Emergency Contact Phone: 305-970-2125

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 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: 2022 GMC Model: YUKON Color: Black
Primary Driver of this Vehicle: Rachik Markarian
Vehicle License Plate Number: KATW22
Vehicle Transponder ID Number: 056571

2. Vehicle Year: _____ Make: 2020 Toyota Model: Corolla Color: Silver
Primary Driver of this Vehicle: Makar Markaryan
Vehicle License Plate Number: PIQR46
Vehicle Transponder ID Number: 022371

3. Vehicle Year: _____ Make: 2010 Model: RX-350 Color: gold
Primary Driver of this Vehicle: Alex Kroytor
Vehicle License Plate Number: KYH-T70
Vehicle Transponder ID Number 048554
4. Vehicle Year: _____ Make: 2010 Model: _____ Color: _____
Primary Driver of this Vehicle: Alex Kroytor
Vehicle License Plate Number: KYH-T70
Vehicle Transponder ID Number 048554
5. Vehicle Year: _____ Make: 2010 Model: _____ Color: _____
Primary Driver of this Vehicle: Alex Kroytor
Vehicle License Plate Number: KYH-T70
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 Alex Kroytor Job Property Manager
Phone 305-970-2125 Typical Hours of Work _____
(Please check one) ☐ Live-In ☒ Part-Time
2. Staff Member Name Vitalii Kharlov Job Handyman
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 : ATOS Pets Age: 4 Pets Breed: Maincoon
Gender: M 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