



# 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: Oliver Ross Emergency Contact Phone: 386-295-0786

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: 2024 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Primary Driver of this Vehicle: Matt Allen  
Vehicle License Plate Number: \_\_\_\_\_  
Vehicle Transponder ID Number: \_\_\_\_\_

2. Vehicle Year: 2022 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Primary Driver of this Vehicle: Matt Allen  
Vehicle License Plate Number: \_\_\_\_\_  
Vehicle Transponder ID Number: \_\_\_\_\_

3. Vehicle Year: 2016 Make: Mercedes Model: S63 AMG Color: \_\_\_\_\_  
Primary Driver of this Vehicle: Rochelle Estoque  
Vehicle License Plate Number: LXE Q56  
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: chihuahua  
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