



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 JAMES ALLEN Address 571 GOLDEN BEACH DR
Email james0802@gmail.com Phone 305.776.3889
Alternate Mailing Address _____ City/State/Zip _____

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

2. Owner Name FRANCINE ALLEN Address 571 GOLDEN BEACH DR.
Email fallen0505@gmail.com Phone 305.776.5572
Alternate Mailing Address _____ City/State/Zip _____

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

HOUSEHOLD INFORMATION

Primary Language Spoken at Home ENGLISH

How many residents reside in your household: 4

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 JOSEPH ALLEN Gender M Age 32 Date of Birth 07-15-92
Relationship SON Contact Number/Cell Phone Number 305.931.6912
Email jallen1592@gmail.com Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
2. Family Member Name SARA URBAN Gender F Age 43 Date of Birth 1/17/81
Relationship DAUGHTER Contact Number/Cell Phone Number 305.931.6912
Email sab0117@yahoo.com 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: LOIS REESE Emergency Contact Phone: 954.243.1674
Emergency Contact Address: 7973 DEER LAKE CT. PARKLAND FL

Emergency Contact Name: _____ Emergency Contact Phone: _____

Emergency Contact Address: _____

Preferred Hospital: MOUNT SINAI

In case of an emergency, is there anyone in your home who may require special assistance (Elderly, Disabled etc.):

Yes or No C

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: _____

Property Gate Codes (for police use only): _____

VEHICLE INFORMATION

1. Vehicle Year: 2023 Make: HYUNDA Model: TUSCON Color: PORTOFINO GREY

Primary Driver of this Vehicle: DAMES

Vehicle License Plate Number: JZJJ43

Vehicle Transponder ID Number: 045296

2. Vehicle Year: 2023 Make: TOYOTA Model: CAMRY Color: SILVER

Primary Driver of this Vehicle: FRANCINE

Vehicle License Plate Number: 41DAM

Vehicle Transponder ID Number: 048551

Member Name _____ Job _____
 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

- Pets Name: BELLA Pets Age: 9 Pets Breed: BEAGLE
 Gender: F Color: BL/BR Weight: 25#
 Type of Pet: ☒ DOG ☐ CAT ☐ OTHER (please specify): _____
- Pets Name: CHARLIE BROWN Pets Age: 9 Pets Breed: YORKIE
 Gender: M Color: BLACK Weight: 15
 Type of Pet: ☐ DOG ☐ CAT ☐ OTHER (please specify): _____
- Pets Name: TOBY Pets Age: 9 Pets Breed: POODLE
 Gender: M Color: WHITE Weight: 12
 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