



## 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 Sergey Sandler Address 550 Ocean Blvd  
Email sandlerdds@gmail.com Phone (718)207-3198  
Alternate Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

2. Owner Name Victoria Sharp Address 550 Ocean Blvd  
Email vsharp2007@gmail.com Phone (786)547-4222  
Alternate Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

### HOUSEHOLD INFORMATION

Primary Language Spoken at Home Russian

How many residents reside in your household: 2

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 Sandler Gender M Age 66 Date of Birth 4/23/1958  
Relationship Head of household Contact Number/Cell Phone Number (718)207-3198  
Email sandlerdds@gmail.com Dietary Requests (check any that apply) ☐ Kosher ☒ Vegetarian
2. Family Member Name Sharp Gender F Age 67 Date of Birth 3/24/1957  
Relationship Wife Contact Number/Cell Phone Number (786)547-4222  
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](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