



## 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 Hezi Twik Address 601 Golden Beach Dr  
Email h.twik@corwik.com Phone 514-249-2945  
Alternate Mailing Address 225 rue Chabanel#200 City/State/Zip Montreal, Quebec H2N2C9

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

2. Owner Name Lilach Bouskill Address 601 Golden Beach Dr  
Email lilasb4@hotmail.com Phone 514-655-2500  
Alternate Mailing Address 199 Croiss Netherwood City/State/Zip Hampstead, Quebec H3X3H7

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

### HOUSEHOLD INFORMATION

Primary Language Spoken at Home English

How many residents reside in your household: 6

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 Hezi Twik Gender M Age 49 Date of Birth Jan.17,1975  
Relationship Owner Contact Number/Cell Phone Number 514-249-2945  
Email h.twik@corwik.com Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
2. Family Member Name Lilach Bouskilla Gender F Age 48 Date of Birth May 7, 1976  
Relationship Wife Contact Number/Cell Phone Number 514-655-2500  
Email lilasb4@hotmail.com Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
3. Family Member Name David Twik Gender M Age 18 Date of Birth Nov.28,2005  
Relationship Son Contact Number/Cell Phone Number 514-945-2945  
Email david.twik@hotmail.com Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
4. Family Member Name Ben Twik Gender M Age 20 Date of Birth March 7,2004  
Relationship Son Contact Number/Cell Phone Number 514-653-9392  
Email \_\_\_\_\_ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
5. Family Member Name Daniella Twik Gender F Age 21 Date of Birth Oct.16,2002  
Relationship Daughter Contact Number/Cell Phone Number \_\_\_\_\_  
Email \_\_\_\_\_ Dietary Requests (check any that apply): ☐ Kosher ☐ Vegetarian
6. Family Member Name Emma Twik Gender F Age 13 Date of Birth Nov.03,2010  
Relationship Daughter 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: Shai Twik Emergency Contact Phone: 514-247-6244

Emergency Contact Address: 225 rue Chabanel #200, Montreal Quebec H2N2C9

Emergency Contact Name: IVA MORINA Emergency Contact Phone: 514- 827 2727

Emergency Contact Address: 225 rue Chabanel #200, Montreal Quebec H2N2C9

Preferred Hospital: Sinai Medical

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: ADT Alarm Alarm Company Phone: \_\_\_\_\_

Property Gate Codes (for police use only): 0011

## VEHICLE INFORMATION

1. Vehicle Year: 2022 Make: Lamborghini Model: Huracan Color: Grey

Primary Driver of this Vehicle: Hezi Twik

Vehicle License Plate Number: 91DCCD

Vehicle Transponder ID Number: 057854971010

2. Vehicle Year: 2019 Make: BMW Model: X7 Color: Grey

Primary Driver of this Vehicle: Lilach Bouskila

Vehicle License Plate Number: 90DCCD

Vehicle Transponder ID Number: 057854981010

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 : Hershey Pets Age: 4 Pets Breed: Chihuahua + Shitzu Mix  
 Gender: Male Color: Brown Weight: 14 lbs  
 Type of Pet : ☒ DOG ☐ CAT ☐ OTHER (please specify): \_\_\_\_\_
2. Pets Name : Stormy Pets Age: 4 Pets Breed: Chihuahua + Shitzu Mix  
 Gender: Female Color: Black Weight: 14 lbs  
 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