

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 Karla Salazar Centeno Job Housekeeper
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

Members of Household's Names, Ages, Relationships:

1. Family Member Name Tatiana Peisach Gender F Age 36 Date of Birth 7/15/88
Relationship _____ Contact Number/Cell Phone Number _____
Email tatiana.peisach@gmail.com Dietary Requests (check any that apply) ☐ Kosher ☒ Vegetarian
2. Family Member Name Mauricio Aizenman Gender M Age 39 Date of Birth 12/12/89
Relationship _____ Contact Number/Cell Phone Number 617-7503588
Email _____ Dietary Requests (check any that apply) ☐ Kosher ☐ Vegetarian
3. Family Member Name David Morgenstern Peisach Gender M Age 9 Date of Birth 11/9/14
Relationship SON Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply) ☒ Kosher ☐ Vegetarian
4. Family Member Name Elon Morgenstern Peisach Gender M Age 7 Date of Birth 2/7/17
Relationship SON Contact Number/Cell Phone Number _____
Email _____ Dietary Requests (check any that apply): ☒ Kosher ☐ Vegetarian
5. Family Member Name Esther Aizenman Peisach Gender F Age 1 Date of Birth 8/14/23
Relationship daughter 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



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 Tatiana Peisach Address 685 Golden Beach Dr
Email tatianapeisach@gmail.com Phone 305 490 0149
Alternate Mailing Address _____ City/State/Zip 33160

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

2. Owner Name Mauricio Aizenman Address 685 Golden Beach Dr
Email mauair@gmail.com Phone 617 - 750 - 3588
Alternate Mailing Address _____ City/State/Zip 33160

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

HOUSEHOLD INFORMATION

Primary Language Spoken at Home English, Spanish

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: _____

EMERGENCY INFORMATION

Emergency Contact Name: Tatiana Peisach Emergency Contact Phone: _____

Emergency Contact Address: _____

Emergency Contact Name: Mauricio Aizenman 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: Ring Alarm Company Phone: _____

Property Gate Codes (for police use only): _____

VEHICLE INFORMATION

1. Vehicle Year: 2024 Make: Rivian Model: R1S Color: gray
Primary Driver of this Vehicle: Tatiana Peisach
Vehicle License Plate Number: QYWD50
Vehicle Transponder ID Number: _____

2. Vehicle Year: 2022 Make: Audi Model: Q5 Color: black
Primary Driver of this Vehicle: Mauricio Aizenman
Vehicle License Plate Number: 86BMDL
Vehicle Transponder ID Number: _____