

EMERGENCY INFORMATION

Emergency Contact Name: Lois Gerner Emergency Contact Phone: 305-534-2329

Emergency Contact Address: 9 Island Ave. #1215, Miami Beach, FL 33139

Emergency Contact Name: Gail Sonn Emergency Contact Phone: 305-935-9640

Emergency Contact Address: 2020 E. Country Club Dr. #1212, Aurora, FL 33190

Preferred Hospital: Memorial East or Mount Sinai

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 Company Phone: _____

Property Gate Codes (for police use only): _____

VEHICLE INFORMATION

1. Vehicle Year: 2014 Lexus Make: ↓ Model: IS 350 C Color: Red
Primary Driver of this Vehicle: Tenri
Vehicle License Plate Number: DEL W33
Vehicle Transponder ID Number: no idea

2. Vehicle Year: 2024 Land Rover Make: ↓ Model: Sport Color: blue grey
Primary Driver of this Vehicle: Jeff
Vehicle License Plate Number: VIN 5AC1L9FU 4RA 410853
Vehicle Transponder ID Number: _____

3. Vehicle Year: 2020 Make: Porsche Model: Cayenne Color: grey
 Primary Driver of this Vehicle: Jeff
 Vehicle License Plate Number: VIN No. WP1AA2A42LDA03625
 Vehicle Transponder ID Number _____
4. Vehicle Year: 2022 Make: Tesla Model: 3 Color: white
 Primary Driver of this Vehicle: Hunter
 Vehicle License Plate Number: 343 UXB
 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 Edgewater Model 39 Color white with
 Name of the Vessel No Regrets
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 Rosita Gamarra Job housekeeper
 Phone 954-232-7343 Typical Hours of Work 10-2 (THUR/THURSDAY)
 (Please check one) Live-In ☐ Part-Time ☒
2. Staff Member Name Cirlene Oliveros Job housekeeper
 Phone 954-549-9899 Typical Hours of Work she comes when she wants
 (Please circle one) Live-In ☐ Part-Time ☒

365 963-3828
3. Staff Member Name Yslanda Job housekeeper
Phone _____ Typical Hours of Work Mondays 2:30-6:00
(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 : JASNA Pets Age: 9.5 Pets Breed: mutt
Gender: F Color: brown/white Weight: 80 +/- pounds
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 PBocio@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**