

Date:_____

BLUFFS OF WILDWOOD CENSUS FORM

**Please complete and return to
Premier Property Management
P.O. Box 1016
Milford, OH 45150**

Owner's Name _____

Address _____

Mailing address (if different from above)_____

Owner's Phone_____ Alternate phone _____

Names of **every** resident (including children) living in this unit

Insurance - yes or no

Animals (breed and weight) _____

Emergency contact information_____
