

The Ravines at Timbers Edge

CENSUS FORM

Please complete and return to:
Premier Property Management
Scan/Email: beth@ppmcin.com
Mail: PO Box 1016, Milford, OH 45150

OWNERS NAME: _____

OWNERS ADDRESS (if not the Ravines): _____

RAVINE CONDO ADDRESS: _____

OWNERS PHONE: _____ MOBILE ☐ or LANDLINE ☐

OWNERS EMAIL ADDRESS: _____

RENTERS NAME (if applicable) _____

RENTERS PHONE: _____ MOBILE ☐ or LANDLINE ☐

RENTERS EMAIL ADDRESS: _____

NAMES of EVERY RESIDENT (including children) living in this unit:

EMERGENCY CONTACT INFORMATION

NAME _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ MOBILE ☐ or LANDLINE ☐

Per your HOA Bylaws you must carry Homeowners insurance, Please confirm that you carry insurance. YES ☐ NO ☐

PETS and WEIGHT: _____

SIGNATURE of OWNER/RENTER: _____ DATE: _____

DATE RECEIVED BY PPM: _____

DATE SENT TO RAVINES HOA: _____