

**TRANSITORY LOCATION CONTROL RECORD**
Special CensusU.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

THIS LISTING CONTAINS INFORMATION, THE RELEASE OF WHICH IS PROHIBITED BY TITLE 13, U.S.C.

A. Case ID: B. SCID/GU name: C. TL name: D. Street address: E. City: F. Zip Code: G. State: / H. County:	I. TL Type Code: J. AA: K. Tract: L. Block: M. Map Spot: N. Location description: O. List additional Blocks in TL in same AA: P. Assigned to: (Print Field Representative's name) Q. Date assigned: R. Date returned:
--	---

SECTION A: – TRANSITORY LOCATION FACILITY CONTACT INFORMATION
Confirm, update or collect the TL Contact information. (Complete Items 1 to 3)

Question 1, SC-688

Question 2, SC-688

- 1.** Contact name:
- 2.** Contact title:
- 3.** Telephone number(s), including area code and extension: () – () – () – () – () – ()
Cell Home/Other Ext.

SECTION A1: – TRANSITORY LOCATION ADVANCE CONTACT INFORMATION

Question 3, SC-688

Question 4, SC-688

- 4.** TL name:
(Only MINOR spelling corrections are allowed)
- 5.** Street name:

- 6.** Will you be open between (Special Census Dates)?
- 1 ☐ YES 2 ☐ NO (Mark (X) Closed on Special Census Day in Section A2)
- 3 ☐ Don't know

Continued on next page

Question 5, SC-688

1 ☐ 10-Campground 3 ☐ 30-Marina 5 ☐ 50-Racetrack 7 ☐ 90-Other, Describe: 

2 ☐ 20-RV Park 4 ☐ 40-Hotel/Motel(Mark Rooms in item 8) 6 ☐ 60-Circus/Carnival/Fair

Question 6 and 9b, SC-688

1 ☐ Sites 2 ☐ RV Pads 3 ☐ Slips 4 ☐ Rooms 5 ☐ Units 6 ☐ Other. Describe:

Question 7 and 9a, SC-688

Question 8, and 9c, SC-688

For Housing Units, enter # of people _____

Question 9b, SC-688

1 ☐ YES 2 ☐ NO (*End the interview*)

Question 10, SC-688

Date: (Mo, D, Yr) _____ Time _____

Question 11, SC-688

1 ☐ YES: Mark (X) all that apply or describe 2 ☐ Gated community 3 ☐ Locked entrance
4 ☐ Other - Describe: _____ 5 ☐ NO

Question 12, SC-688

1 ☐ YES - Write the language(s) spoken ❶ _____

2 ☐ NO ❷ _____

3 _____

Question 13, SC-688

Question 14, SC-688

1 ☐ YES - Complete an SC-225, INFO-COMM, and notify your supervisor. 2 ☐ NO

18. ☐ **Complete** - ETL Appointment Scheduled (include appointments for Housing Units) **OR** ☐ Out of Enumeration Area

☐ Duplicate: Survivor ID # _____ ☐ Dangerous Address

☐ Housing Unit, No Appointment ☐ Group Quarter ☐ Closed on Special Census Day

☐ Demolished/Burned out ☐ Uninhabitable (Open to the Elements/Condemned/Under Construction)

☐ Closed/Not Operating/Vacant ☐ Refusal ☐ Nonresidential

☐ Cannot Locate ☐ Other _____

SECTION B: – ENUMERATION AT TRANSITORY LOCATIONS INFORMATION

19. Assigned to: Print Field Representative's Name Month/Day/Year
20. Date assigned: ____/____/____
21. Date Enumeration completed: ____/____/____ Month/Day/Year

Certification

Field Representative – *I certify that the entries made on this form are true and correct to the best of my knowledge.*

22. Field Representative signature: _____ Month/Day/Year
23. Date signed: ____/____/____

Section B1 – ETL Summary

24. A) Total Number of Units: _____ E) Total Number of First No Contacts (NC1): _____
- B) Total Number of Occupied Units: _____ F) Total Number of Second No Contacts (NC2): _____
- C) Total Number of Permanent Structures: _____ G) Total Number of Completed EQs: _____
(Mobile Homes/Housing Units)
- D) Total Number of Refusals: _____ H) TL POPULATION COUNT: _____

SECTION B2: – ETL STATUS

25. 1 ☐ Complete or Zero POP Reason: *Mark (X) only one* 8 ☐ Refusal
- 2 ☐ Out of Enumeration Area 9 ☐ Uninhabitable (Open to the Elements/
Condemned/Under Construction)
- 3 ☐ Duplicate: Survivor ID# _____ 10 ☐ Nonresidential
- 4 ☐ Dangerous Address 11 ☐ Cannot Locate
- 5 ☐ Demolished/Burned Out 12 ☐ Occupied as of Special Census Day but no one
is there as of Enumeration Date
- 6 ☐ Vacant
- 7 ☐ Group Quarter

NOTES

