FORM **SC-117** (1-19-2023) OMB No. 0607-0368

U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU

United States® Census Bureau

TRANSITORY LOCATION CONTROL RECORD
Special Census

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

1. Contact name:

Question 2, SC-688

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

4. TL name:

(*Only MINOR spelling corrections are allowed*)

5. Street name:

Question 4, SC-688

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

SECTION A1: – TRANSITORY LOCATION ADVANCE CONTACT INFORMATION – *Continued*

Question 5, SC-688

7. TL Type Code:

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

8. Type of spaces or units: (*Mark (X) all that apply*).

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

Question 7 and 9a, SC-688

9. Maximum Number of Spaces or Units at Location: _____

Question 8, and 9c, SC-688

10. Average Number of Occupied Units:_____

For Housing Units, enter # of people _____

Question 9b, SC-688

11. Are there any people who live or stay at this hotel/motel on an extended basis?

1 ☐ YES 2 ☐ NO (*End the interview*)

Question 10, SC-688

12. What is the best day and time to conduct the Special Census at this location?

Date: (Mo, D, Yr) Time

___/___/_____ _____ : _____ 1 ☐ am 2 ☐ pm

13. Appointment scheduled: 1 ☐ YES 2 ☐ NO

Question 11, SC-688

14. Are there any specific instructions that Special Census staff need to know to count the people at this location?

1 ☐ YES: *Mark (X) all that apply or describe*) 2 ☐ Gated community 3 ☐ Locked entrance

4 ☐ Other - Describe: _____ 5 ☐ NO

Question 12, SC-688

15. Are there any people at this location who do not speak or understand English?

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

2 ☐ NO ❷ _____

❸ _____

Question 13, SC-688

16. TL site maps: 1 ☐ YES 2 ☐ NO

Question 14, SC-688

17. TL Contact responsible for additional location(s):

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

SECTION A2: – TLAC STATUS

18. 1 ☐ **Complete** - ETL Appointment Scheduled (include appointments for Housing Units) **OR** 2 ☐ Out of Enumeration Area

3 ☐ Duplicate: Survivor ID # _____ 4 ☐ Dangerous Address

5 ☐ Housing Unit, No Appointment 6 ☐ Group Quarter 7 ☐ Closed on Special Census Day

8 ☐ Demolished/Burned out 9 ☐ Uninhabitable (Open to the Elements/Condemned/Under Construction)

10 ☐ Closed/Not Operating/Vacant 11 ☐ Refusal 12 ☐ Nonresidential

13 ☐ Cannot Locate 14 ☐ Other _____

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SECTION B: – ENUMERATION AT TRANSITORY LOCATIONS INFORMATION

Print Field Representative's Name

19. Assigned to: _____

20. Date assigned: ___/___/_____ Month/Day/Year

Month/Day/Year

21. Date Enumeration completed: ___/___/_____

Certification

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

Month/Day/Year

22. Field Representative signature: _____ **23.** Date signed: ___/___/_____

Section B1 – ETL Summary

24.

A) Total Number of Units: _____

B) Total Number of Occupied Units: _____

C) Total Number of Permanent Structures: _____ (Mobile Homes/Housing Units)

D) Total Number of Refusals: _____

E) Total Number of First No Contacts (NC1): _____

F) Total Number of Second No Contacts (NC2): _____

G) Total Number of Completed EQs: _____

H) TL POPULATION COUNT: _____

SECTION B2: – ETL STATUS

25.

1 ☐ Complete or Zero POP Reason: *Mark (X) only one*

2 ☐ Out of Enumeration Area

3 ☐ Duplicate: Survivor ID# _____

4 ☐ Dangerous Address

5 ☐ Demolished/Burned Out

6 ☐ Vacant

7 ☐ Group Quarter

8 ☐ Refusal

9 ☐ Uninhabitable (Open to the Elements/ Condemned/Under Construction)

10 ☐ Nonresidential

11 ☐ Cannot Locate

12 ☐ Occupied as of Special Census Day but no one is there as of Enumeration Date

NOTES