

Today's Date ____/____/____ Time: Morning/Afternoon City:____ Canvassers:____/____

Property Address Add EACH UNIT Separately	# of units in bldg.	Contact Names, Numbers, Email (Try to get a cell phone, get as much info as possible)	Talked to a Person/ Language	Occupant	Code complaint made	Notes: Ided another leader, set up follow mtg, habitability issue, took pictures, willing to talk to neighbors, etc.
		Name: Phone: () Cell: () Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lang:____	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name: Phone: () Cell: () Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lang:____	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name: Phone: () Cell: () Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lang:____	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name: Phone: () Cell: () Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lang:____	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name: Phone: () Cell: () Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lang:____	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Name: Phone: () Cell: () Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lang:____	<input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Vacant <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No	