



**CODE ENFORCEMENT DATA SHEET**  
(Please Print)

Tenant Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

Phone #(s) \_\_\_\_\_ Best time to call this # \_\_\_\_\_

1. Number of people living in unit: Adults \_\_\_\_\_ Children \_\_\_\_\_
2. Are you current with your rent? Yes \_\_\_\_\_ No \_\_\_\_\_
3. How long have you occupied this unit? \_\_\_\_\_
4. Which utilities are you responsible for? Electric \_\_\_\_\_ Gas \_\_\_\_\_  
Water/Garbage \_\_\_\_\_
5. Are you being evicted from this unit? Yes \_\_\_\_\_ No \_\_\_\_\_
6. What is the court date, if a date has been scheduled, for the eviction hearing?  
\_\_\_\_\_
7. If you have already been evicted, what date must you vacate the premises?  
\_\_\_\_\_
8. Have you contacted your landlord about the conditions of your unit?  
Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_
9. Do you have smoke detectors in your unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are they operable? Yes \_\_\_\_\_ No \_\_\_\_\_

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Signature of Occupant(s)

Please return this form, by mail or in person, to Code Enforcement  
424 Market Avenue North, 3<sup>rd</sup> Floor, Canton, Ohio 44702-1544.