



Property Complaint Form

Return to: City of Long Beach, ATTN: Zoning Enforcement * P.O. Box 929 *
201 Jeff Davis Avenue; Long Beach, MS 39560; **By Fax** (228)863-1558; **By Email:** zoningenforcement@cityoflongbeachms.com.

TO BE COMPLETED BY APPLICANT

TODAY'S DATE:

Address of Violation:

Ward Number

Name of Rightful Owner: (If known)

Tax Parcel Identification Number(s):

Mailing Address of Owner:

City

State

Zip

County

Telephone: ()

APPLICANT INFORMATION: (Person Making Complaint)

Last

First

M.I.

Mailing Address of Applicant

City

State

Zip

County

Telephone: ()

DESCRIPTION OF VIOLATION:
(use separate sheet of paper if more space is needed)

*In your opinion is the property in question a menace to the public health and safety ____ YES ____ NO
IF YES, EXPLAIN: _____

NOTE: The information you supply for this complaint will be used for substantiating the complaint, purposes of investigation and if necessary, to pursue legal action. The information you provide is voluntary and you are not required to provide any information. If the case proceeds to court the data may be accessed per a judge ruling. The purpose of collecting this information will enable us to contact you when additional information is required. During investigation and legal action, data related to the case may be shared with other City employees or other agencies so that the complaint may be corrected or abated or other legal action may be taken. Keep in mind that we may not be able to adequately investigate the complaint without complete and accurate information.

SIGNATURE: _____