Property Complaint Application

Return to: City of Long Beach, ATTN: Zoning Enforcement * PO Box 929 * 645 Klondyke Road 39560; **By Fax** (228)865-0822; By Email: zoningenforcement@cityoflongbeachms.com

TO BE COMPLETED BY APPLICANT	DATE:
Name of Rightful Owner: (If known)	
Address of Violation:	Ward Number
Tax Parcel Identification Number(s):	

Mailing Address of Property Owner: (If known)	Mailing Address of Applicant: (Person completing form)
City	City
State	State
Zip	Zip
County	County
Telephone: ( )	Telephone: ( )

PROPERTY INFORMATION:

	North	South	East	West
Property is most nearly bounded by what streets?				
If property directly fronts or is adjacent one of the streets above please indicate with a X.				

DESCRIPTION OF VIOLATION:

*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.