

CITY OF LONG BEACH, MISSISSIPPI**PROPERTY COMPLAINT FORM****PHYSICAL ADDRESS:**
201 JEFF DAVIS AVENUE
LONG BEACH, MS 39560**PHONE: (228) 863-1554**
FAX: (228) 863-1558**MAILING ADDRESS**
POST OFFICE BOX 929
LONG BEACH, MS 39560**PLEASE PRINT LEGIBLY****TO: BUILDING DEPARTMENT**
CODE ENFORCEMENT**NAME:** _____ (Your request will be reviewed
and a copy of the action taken will be forwarded to you. Please limit your request to one topic per statement)**ADDRESS:** _____**PHONE:** () _____ **SIGNATURE:** _____

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.

ADDRESS OF VIOLATION: _____**Tax Parcel No.****NAME OF PROPERTY OWNER (IF KNOWN):** _____**DESCRIPTION OF VIOLATION: (use separate sheet of paper if needed)** _____

*****FOR OFFICE USE ONLY*******Received by:** _____ ☐ office ☐ email ☐ fax ☐ mail
Signature Date**Inspected by:** _____
Signature Date**Action taken:** _____

☐ **Send Letter** _____

Reference Code, Ordinance and Section, etc.

☐ **Close Complaint**

