



Short-Term Rental Complaint Form

City of Pass Christian

Community Development Department

200 W Scenic Drive

Phone: (228) 452-3324

Fax: (228) 452-3044

Pass Christian, MS 39571

Email: codesoffice@pass-christian.com

Person Making Complaint:

Name: _____ Address: _____

Mailing Address, if different from above: _____

Phone: _____ Cell Phone: _____ Email: _____

Person Preparing Complaint (if different from above):

Name: _____ Address: _____

Mailing Address, if different from above: _____

Phone: _____ Cell Phone: _____ Email: _____

Property Information:

Address: _____ Parcel #: _____

Have you contacted the Police Department or 911? No Yes, Date: _____

Description of Complaint:

The Community Development Department shall maintain the confidentiality of all files and records relating to grievances filed unless disclosure is otherwise authorized or required by law.