

Municipal/County Gun Ordinance and Sign Complaint Form

Complainant's Name:

Address

Phone Number

Email

Name of municipality/county \_\_\_\_\_

Is your complaint about a **sign** on county or municipal property? Yes \_\_\_ No \_\_\_

If yes, please give the date, address, location and name of the building or property where you saw the sign:

Do you have a cell phone or other digital photo of the sign? If so, please provide your email address and we will contact you so that you may email us the photo: \_\_\_\_\_

Is your complaint about a city or county **ordinance**? Yes \_\_\_ No \_\_\_

If you have a copy of the ordinance, or news article or other information about it, please attach.

Otherwise, please give as much information as you have concerning the ordinance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names, addresses and contact information for any witnesses

\_\_\_\_\_  
\_\_\_\_\_

Do you believe your rights as a concealed-carry license holder have been violated? If so, provide a copy of any license(s) to carry a concealed weapon (include copy of front and back of license).

I certify that the above and foregoing is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Sworn to this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

(Affix seal here)

\_\_\_\_\_  
Notary Public

Submit form to: Mississippi Attorney General's Office  
Attention: State Regulatory Division  
Post Office Box 220  
Jackson, MS 39205