

**EXHIBIT 'A'**  
**NUISANCE RESPONSE PLAN**

In accordance with SMBC Sec. 6.455.060 the following nuisance response plan is submitted. A letter will be mailed to the occupant and/or owner of properties located within a 300-foot radius of the vacation rental advising of its use and a copy of this Nuisance Response Plan will be placed on the city's Internet web site for public access.

PROPERTY ADDRESS: 1035 BANGOR LANE, VENTURA CA, 93001

APN# (if known): \_\_\_\_\_

PROPERTY OWNER(S) (if more than two owners, use an additional sheet of paper)

Name: Olaf Nevard

Mailing Address: PO Box 5541  
Santa Barbara Zip 93150

Contact Telephone: (805) 452-6713 ( ) \_\_\_\_\_

Name: Nicole Nevard

Mailing Address: PO Box 5541  
Santa Barbara Zip 93150

Contact Telephone: (805) 5700903 ( ) \_\_\_\_\_

**NUISANCE COMPLAINT CONTACTS:**

The following person(s) will be available by telephone, and will be responsible for promptly responding to a nuisance complaint arising out of the occupancy of the short term rentals by tenants, their visitors and/or guests. A return telephone call to a complainant within forty-five (45) minutes of the initial complaint shall be deemed "prompt."

No more than a total of THREE persons can be designated and only ONE can be designated during any particular period of time.

THERE MUST BE A DESIGNATED CONTACT PERSON 24 HOURS PER DAY, 7 DAYS PER WEEK. BELOW IS THE CONTACT INFORMATION FOR THE DAYS AND TIMES OF EACH DAY.

(Please use pen or type).

**CONTACT NO. 1**

**DAY/TIME DESIGNATION**

24 HOURS PER DAY, 7 DAYS PER WEEK or,

F/ \_\_\_\_\_ Sa/ \_\_\_\_\_ Su/ \_\_\_\_\_  
M/ \_\_\_\_\_ Tu/ \_\_\_\_\_ W/ \_\_\_\_\_  
Th/ \_\_\_\_\_

**CONTACT NAME:**

Olaf Negard

**CONTACT ADDRESS:**

1035 BANGOR LN, VENTURA, CA, 93001

Telephone No. 1: 805-452-6713 Telephone No. 2: \_\_\_\_\_

Telephone No. 3: \_\_\_\_\_

**CONTACT NO. 2**

**DAY/TIME DESIGNATION**

24 HOURS PER DAY, 7 DAYS PER WEEK or,

F/ \_\_\_\_\_ Sa/ \_\_\_\_\_ Su/ \_\_\_\_\_  
M/ \_\_\_\_\_ Tu/ \_\_\_\_\_ W/ \_\_\_\_\_  
Th/ \_\_\_\_\_

**CONTACT NAME:**

\_\_\_\_\_

**CONTACT ADDRESS:**

\_\_\_\_\_

Telephone No. 1: \_\_\_\_\_ Telephone No. 2: \_\_\_\_\_

Telephone No. 3: \_\_\_\_\_

**CONTACT NO. 3**

**DAY/TIME DESIGNATION**

24 HOURS PER DAY, 7 DAYS PER WEEK or,

F/ \_\_\_\_\_ Sa/ \_\_\_\_\_ Su/ \_\_\_\_\_  
M/ \_\_\_\_\_ Tu/ \_\_\_\_\_ W/ \_\_\_\_\_  
Th/ \_\_\_\_\_

**CONTACT NAME:**

\_\_\_\_\_

**CONTACT ADDRESS:**

\_\_\_\_\_

Telephone No. 1: \_\_\_\_\_ Telephone No. 2: \_\_\_\_\_

Telephone No. 3: \_\_\_\_\_