

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: 169 S. Catalina St - Ventura 93001

APN# (if known): _____

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

Name: Kurt Daradic

Mailing Address: 169 S. Catalina St - Ventura 93001
Zip 93001

Contact Telephone: (323) 646 8530 () _____

Name: _____

Mailing Address: _____
Zip _____

Contact Telephone: () _____ () _____

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/ 6a-9pm Sa/ 6A-9PM Su/ 6A-9PM
M/ 6a-9PM Tu/ 6A-9PM W/ 6A-9PM
Th/ 6a-9PM

CONTACT NAME:

Peter Davadić

CONTACT ADDRESS:

112 Tarkio St. Thousand Oaks CA 98

Telephone No. 1: 805 377 1466 Telephone No. 2: _____

Telephone No. 3: _____

CONTACT NO. 2

DAY/TIME DESIGNATION

24 HOURS PER DAY, 7 DAYS PER WEEK or,

F/ 9pm-6AM Sa/ 9pm-6A Su/ 9pm-6AM
M/ 9pm-6A Tu/ 9pm-6A W/ 9pm-6AM
Th/ 9pm-6A

CONTACT NAME:

MIKE Nylisferuk

CONTACT ADDRESS:

4856 Amalfi way Oxnard CA 93005

Telephone No. 1: 805-607-7244 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: _____