

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: 1140 Cornwall Lane, Ventura, CA
APN# (if known): 081-0-072-150 93001

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

McClafferty Rev. Living Trust
Name: James T. McClafferty & Monica R. Harrison -
Mailing Address: 25876 The Old Road, *McClafferty*
Valencia Suite 245 *(Trustees)*
Zip 91381

Telephone: (Home) 661 255 2132 (Work) 661 312 3944

(Cell) 661 373 2132 EMail: mmclafferty@sbcglobal.net

Name: _____

Mailing Address: _____

_____ Zip _____

Telephone: (Home) _____ (Work) _____

(Cell) _____ EMail: _____

NUISANCE COMPLAINT CONTACTS:

The following person(s) will be available by telephone, and will be responsible for responding to a nuisance complaint arising out of the occupancy of the short term rentals by tenants, their visitors and/or guests within one hour of the time the complaint was received.

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.

Indicate the day and time of that day for each designee below.

(Example: M/ 12:01am-6:00am & 8:00pm-Midnight)

Day/Time designation: 12:01am - 8:00am

F/ _____ Sa/ _____ Su/ _____

M/ _____ Tu/ _____ W/ _____

Th/ _____

Name: James T. McClafferty

Telephone: (Home) 661 255 2132 (Work) 661 312 3944
(Cell) 661 312 3944

Day/Time designation: 8:00 am - 4 pm daily

F/ _____ Sa/ _____ Su/ _____

M/ _____ Tu/ _____ W/ _____

Th/ _____

Name: Monica R. Harrison - McClafferty

Telephone: (Home) 661 255 2132 (Work) 661 373 2132
(Cell) 661.373.2132

Day/Time designation: 4 pm - 12 midnight daily

F/ _____ Sa/ _____ Su/ _____

M/ _____ Tu/ _____ W/ _____

Th/ _____

Name: Michael Solean

Telephone: (Home) 818 842 5478 (Work) 818 636 5189
(Cell) 818 636 5189