

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: 1338 DEVON LANE

APN# (if known): 081-0-093-025

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

Name: ROB CARSON

Mailing Address: 3181 GOLDENSPUR DR.

CAMARILLO CA Zip 93010

Telephone: (Home) ⁸⁰⁵ 384-1416 (Work) ⁸⁰⁵ 504-5498

(Cell) ⁸⁰⁵ 504-5508 EMail: rvcarson@gmail.com

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:
F/ _____ Sa/ _____ Su/ _____
M/ _____ Tu/ _____ W/ _____
Th/ _____

Name: ROB CARSON

Telephone: #1 (Home) 805 504-5498 #2 (Work) 805 504-5508
#3 (Cell) 805 384-1416

Day/Time designation:
F/ _____ Sa/ _____ Su/ _____
M/ _____ Tu/ _____ W/ _____
Th/ _____

Name: _____

Telephone: (Home) _____ (Work) _____
(Cell) _____

Day/Time designation:
F/ _____ Sa/ _____ Su/ _____
M/ _____ Tu/ _____ W/ _____
Th/ _____

Name: _____

Telephone: (Home) _____ (Work) _____
(Cell) _____