

EXHIBIT 'A' NUISANCE RESPONSE PLAN

Permit Number: 2258

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: 1091 Gilliard Lane Ventura, CA 93001
APN# (if known): 072-0-116-760

PROPERTY OWNER(S)
List all Owners on the Deed. If more than two, use an additional sheet of paper.

Owner Name: Thomas James McKaye
Mailing Address: P.O. Box 1792
Ventura, CA 93002
Contact Telephone: (805) 654-1413 (805) 561-5022
DocuSigned by:
Thomas McKaye 7/21/2016
Owner Signature Date

Owner Name: _____
Mailing Address: _____
Contact Telephone: () ()

Owner Signature _____ Date _____

Maximum Number of Overnight Occupants: 8
Number of Off Street Parking Spaces: 4
Number of Bedrooms available: 4

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.

NUISANCE RESPONSE CONTACTS

THERE MUST BE A DESIGNATED CONTACT PERSON 24 HOURS PER DAY, 7 DAYS PER WEEK.

CONTACT NO. 1

DAY & TIME DESIGNATION

24 HOURS PER DAY, 7 DAYS PER WEEK or,

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

CONTACT NAME:

T.R.E.E. Real Estate

CONTACT ADDRESS:

428 Poli Street #2B Ventura, CA 93001

Telephone No. 1: 805-654-1413 Telephone No. 2: 805-561-5022
Telephone No. 3: Business Hours After Hours

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: _____

Submitted By: Thomas McKaye Date: 7/21/2016
DocuSigned by: 61886C2E3CCA414...