

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: 1050 HINGHAM LANE

APN# (if known): _____

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

Name: PATRICIA LEE

Mailing Address: 1543 ANGELUS AVENUE
LOS ANGELES, CA Zip 90026

Telephone: (Home) 323 664-5051 (Work) _____

(Cell) 213 248-5956 EMail: pattiplumtree@gmail.com

Name: JENNIFER ARNOLD

Mailing Address: 1543 ANGELUS AVE.
LOS ANGELES, CA Zip 90026

Telephone: (Home) 323-664.5051 (Work) _____

(Cell) 310 849-3866 EMail: emailjenarnold@gmail.com

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.

(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:

SANDY DEIRO - HELEN YUNKER REALTY

CONTACT ADDRESS:

1039 S. SEWARD AVE, VENTURA, CA 93001

Telephone No. 1: 805 653-6606 Telephone No. 2: 805 302-2258

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: _____