

**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: 354-356 W. PROSPECT STREET VENTURA

APN# (if known): 0710094040

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

Name: DAVID EGAN

Mailing Address: 354 W. PROSPECT STREET VENTURA  
Zip 93001

Contact Telephone: (805) 767 9035 (805) 666 5131

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/ \_\_\_\_\_ Sa/ \_\_\_\_\_ Su/ \_\_\_\_\_  
M/ \_\_\_\_\_ Tu/ \_\_\_\_\_ W/ \_\_\_\_\_  
Th/ \_\_\_\_\_

**CONTACT NAME:**

MARY EGAN

**CONTACT ADDRESS:**

354 W. PROSPECT ST. VENTURA

Telephone No. 1: 805 666 5131 Telephone No. 2: 805 167 9035

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: \_\_\_\_\_