EXHIBIT 'A'
NUISANCE RESPONSE PLAN

Permit Number: 2155

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: 1178 Shelburn Lane, Ventura, CA 93001

APN# (if known): _____

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

Owner Name: Susan Iannetta

Mailing Address: 756 Camino Valles
Thousand Oaks, CA 91360

Contact Telephone: (818) 519-0311 ( )

Owner Signature 8/9/16 Date

Owner Name: Nick Iannetta

Mailing Address: 756 Camino Valles
Thousand Oaks, CA 91360

Contact Telephone: (805) 901-6153 ( )

Owner Signature 8/9/16 Date

Maximum Number of Overnight Occupants: 8

Number of Off Street Parking Spaces: 2

Number of Bedrooms available: 3

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: Michelle Clark

CONTACT ADDRESS: 347 Larcom St., Thousand Oaks, CA 91360

Telephone No. 1: 818-481-1333 Telephone No. 2: _____

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: _____

Submitted By: Susan Iannetta Date: 8/9/16