EXHIBIT 'A'
NUISANCE RESPONSE PLAN

Permit Number: 2273

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: 2834 Surfrider Ave 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: Shana Bawek ; Ryan Berschneider

Mailing Address: 1101 N. Indian Hill blvd
Claremont ca 91711

Contact Telephone: (310) 429-0887 (310) 429-0708

Ryan B 7.1.16
Owner Signature Date

Owner Name: _____

Mailing Address: _____

_____

Contact Telephone: ( ) _____ ( ) _____

_____ _____
Owner Signature Date

Maximum Number of Overnight Occupants: _____

Number of Off Street Parking Spaces: _____

Number of Bedrooms available: _____

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.

(Please use pen or type).

CONTACT NO. 1

DAY/TIME DESIGNATION ☐ **24 HOURS PER DAY, 7 DAYS PER WEEK or,**

F/ 9-5 Sa/ 10-4 Su/ 10-4

M/ 9-5 Tu/ 9-5 W/ 9-5

Th/ 9-5

CONTACT NAME: Remax Gold Coast Property Managment

CONTACT ADDRESS: 550 S Harbor Blvd 2-104 Oxnard Ca 9303

Telephone No. 1: 805-832-4075 Telephone No. 2: _____

Telephone No. 3: _____

CONTACT NO. 2

DAY/TIME DESIGNATION ☐ **24 HOURS PER DAY, 7 DAYS PER WEEK or,**

F/ 5pm-9am Sa/ 4pm-10am Su/ 4pm-10am

M/ 5pm-9am Tu/ 5pm-9am W/ 5pm-9am

Th/ 5pm-9am

CONTACT NAME: Remax Gold Coast Prop Mgmt. OnCall

CONTACT ADDRESS: SAME

Telephone No. 1: 805-535-2878 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: James Bawek

CONTACT ADDRESS: 101 N. Indian Hill Blvd Claremont Ca 9171

Telephone No. 1: 909-455-6893 Telephone No. 2: 909-621-6097

Telephone No. 3: _____