

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: 242 Virginia dr. Vtn, CA. 93003

APN# (if known): 074-0-122-140

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

Name: ~~Steve~~ Patricia Logan

Mailing Address: 2727 Poli St.
Ventura CA. Zip 93003

Contact Telephone: (805) 407-5890 ()

Name: Steve Logan

Mailing Address: 2727 Poli St.
Ventura, Ca. Zip 93003

Contact Telephone: (805) 340-0902 ()

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:

Steve & Patricia Logan

CONTACT ADDRESS:

2727 Poli St. Ventura, CA. 93003

Telephone No. 1: 805-407-5890 Telephone No. 2: 805-340-0902

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: _____