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: 1109 WINTHROP LANE, VENTURA, CA 93001

APN# (if known): _____

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

Name: DEBORAH A. LEVY

Mailing Address: c/o THEODORE M. BELL, ESQ.
1901 AVENUE OF THE STARS, SUITE 200
LOS ANGELES, CA Zip 90067

Contact Telephone: 310. 553.5572 (THEODORE M. BELL AS ATTORNEY-IN-FACT)
310.766.4758 (CELL)

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: THEODORE M. BELL

Telephone No. 1: 310.766.4758 Telephone No. 2: 310.837.8207

Telephone No. 3: 310.553.5572

CONTACT NO. 2

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

F/ _____ Sa/ _____ Su/ _____

M/ _____ Tu/ _____ W/ _____

Th/ _____

CONTACT: ANDREW BELL

Telephone No. 1: 805.223.3684 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: _____

Telephone No. 1: _____ Telephone No. 2: _____

Telephone No. 3: _____