

### EXHIBIT 'A' NUISANCE RESPONSE PLAN

Permit Number: 2121

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: 1310 Camden

APN# (if known): \_\_\_\_\_

PROPERTY OWNER(S)

List all Owners on the Deed. If more than two, use an additional sheet of paper.

Owner Name: Laura Rzepecki

Mailing Address: 29 Chandra Ln,  
Rancho Mirage Ca 92270

Contact Telephone: (661) 241-0916

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Name: Property Manager

Mailing Address: Susan Mattauch Goldwell Banker  
4000 Ocean Dr.

Contact Telephone: 805 985-5190

[Signature] \_\_\_\_\_ Date 3-17-17

Maximum Number of Overnight Occupants: 6

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:**

*Caldwell Banker Property Management*

**CONTACT ADDRESS:**

Telephone No. 1: *805-985-5190* Telephone No. 2: \_\_\_\_\_

Telephone No. 3: *805-389-4564*

**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 Mattavich*

Date: *3-17-17*