

EXHIBIT 'A'
NUISANCE RESPONSE PLAN

Permit Number: 2260

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: 1102 WINTHROP LAKE

APN# (if known): _____

PROPERTY OWNER(S)

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

Owner Name: SHARLEY GOSHORN

Mailing Address: PO BOX 1251

MOOROVIA CA 91017

Contact Telephone: (626) 358-1266 (626) 3576546

[Signature] August 4, 2016
Owner Signature Date

Owner Name: _____

Mailing Address: _____

Contact Telephone: () _____ () _____

Owner Signature Date

Maximum Number of Overnight Occupants: 8

Number of Off Street Parking Spaces: 3

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:

ED MIEDEMA

CONTACT ADDRESS:

PO Box 2133 Moorpark CA 91017

Telephone No. 1: 626 272 2944 Telephone No. 2: 626 359 0091

Telephone No. 3: 626 359 0091 FAX

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: _____ Date: _____