



**City of Goleta
Nuisance Response Plan (Exhibit A)
130 Cremona Drive, Suite B • Goleta, CA 93117
Phone: (805) 961-7500 • Fax (805) 685-2635 • Email: businesslicense@cityofgoleta.org**

In accordance with Goleta Municipal Code Sec. 5.08.060 the following nuisance response plan is submitted. A letter has been mailed to the occupant and/or owner of properties located within a 200-foot radius of the vacation rental advising of its use. A copy of this Nuisance Response Plan will be placed on the City's website for public access.

IF APPLICABLE, SHORT TERM VACATION RENTAL # SHR009 NEW RENTAL AMENDMENT OF NUISANCE RESPONSE PLAN

1	PROPERTY ADDRESS <u>6241 Stow Canyon Rd.</u>	CITY <u>Goleta</u>	STATE <u>CA</u>	ZIP CODE <u>93117</u>
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2 OWNER NAME (IF MORE THAN TWO, USE AN ADDITIONAL SHEET OF PAPER) <u>Sarah and Scott Douglas</u>	3 PHONE <u>805-450-1931</u>
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4	MAILING ADDRESS <u>6241 Stow Canyon Rd.</u>	CITY <u>Goleta</u>	STATE <u>CA</u>	ZIP CODE <u>93117</u>
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5 OPTIONAL SECOND OWNER NAME	6 PHONE
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7	MAILING ADDRESS <u>Same</u>	CITY	STATE	ZIP CODE
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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 thirty (30) 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.

CONTACT NO. 1

8	DAY/TIME DESIGNATION <input checked="" type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR					
SU	M	TU	W	TH	F	SA

9	CONTACT NAME <u>Sarah Douglas</u>					
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10	CONTACT ADDRESS <u>Same as above</u>	CITY	STATE	ZIP CODE
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11 PHONE 1 <u>805-450-1931</u>	12 PHONE 2
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CONTACT NO. 2

13	DAY/TIME DESIGNATION <input checked="" type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR					
SU	M	TU	W	TH	F	SA

14	CONTACT NAME <u>Scott Douglas</u>					
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15	CONTACT ADDRESS <u>same as above</u>	CITY	STATE	ZIP CODE
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16 PHONE 1 <u>805-453-7386</u>	17 PHONE 2
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CONTACT NO. 3

18	DAY/TIME DESIGNATION <input type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR					
SU	M	TU	W	TH	F	SA

19	CONTACT NAME					
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20	CONTACT ADDRESS	CITY	STATE	ZIP CODE
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21 PHONE 1	22 PHONE 2
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