



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 # STUOLO NEW RENTAL AMENDMENT OF NUISANCE RESPONSE PLAN

1	PROPERTY ADDRESS	CITY	STATE	ZIP CODE
	7289 PADOVA DR	GOLETA	CA	93117

2	OWNER NAME (IF MORE THAN TWO, USE AN ADDITIONAL SHEET OF PAPER)	3	PHONE
	GAURAV SHARMA and THIRUVARVISELVE RAJU		805-452-8707

4	MAILING ADDRESS	CITY	STATE	ZIP CODE
	7289 PADOVA DR.	GOLETA	CA	93117

5	OPTIONAL SECOND OWNER NAME	6	PHONE
	THIRUVARVISELVE RAJU		805-252-4332

7	MAILING ADDRESS	CITY	STATE	ZIP CODE
	7289 PADOVA DR	GOLETA	CA	93117

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
	GAURAV SHARMA

10	CONTACT ADDRESS	CITY	STATE	ZIP CODE
	7289 PADOVA DR	GOLETA	CA	93117

11	PHONE 1	12	PHONE 2
	805-452-8707		

CONTACT NO. 2

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

14	CONTACT NAME

15	CONTACT ADDRESS	CITY	STATE	ZIP CODE

16	PHONE 1	17	PHONE 2

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

20	CONTACT ADDRESS	CITY	STATE	ZIP CODE

21	PHONE 1	22	PHONE 2