



**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 # SHR012  NEW RENTAL  AMENDMENT OF NUISANCE RESPONSE PLAN

|   |                     |        |       |          |
|---|---------------------|--------|-------|----------|
| 1 | PROPERTY ADDRESS    | CITY   | STATE | ZIP CODE |
|   | 6007 Paseo Palmilla | Goleta | CA    | 93117    |

|   |   |   |              |
|---|---|---|--------------|
| 2 | OWNER NAME (IF MORE THAN TWO, USE AN ADDITIONAL SHEET OF PAPER) | 3 | PHONE        |
|   | Kirk Evans  |   | 805 455-0668 |

|   |                     |        |       |          |
|---|---------------------|--------|-------|----------|
| 4 | MAILING ADDRESS     | CITY   | STATE | ZIP CODE |
|   | 6007 Paseo Palmilla | Goleta | CA    | 93117    |

|   |                            |   |       |
|---|----------------------------|---|-------|
| 5 | OPTIONAL SECOND OWNER NAME | 6 | PHONE |
|   |                            |   |       |

|   |                 |      |       |          |
|---|-----------------|------|-------|----------|
| 7 | MAILING ADDRESS | CITY | STATE | ZIP CODE |
|   |                 |      |       |          |

**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 |
|   | Kirk Evans   |

|    |                 |             |       |          |
|----|-----------------|-------------|-------|----------|
| 10 | CONTACT ADDRESS | CITY        | STATE | ZIP CODE |
|    | 1511 Meadow Cir | Carpinteria | CA    | 93013    |

|    |              |    |         |
|----|--------------|----|---------|
| 11 | PHONE 1      | 12 | PHONE 2 |
|    | 805 455 0668 |    |         |

**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 |
|    |         |    |         |