



**NUISANCE RESPONSE PLAN**

FILE NUMBER: \_\_\_\_\_  
DATE FILED: \_\_\_\_\_

**Project Type**

Type of Application Associated with the Nuisance Response Plan *(please attach)*:

- Special Event
- Short-Term Rental
- Other (explain):

**Property Information**

Assessor Parcel Number(s)	Property Address	Property Size	Williamson Act Contract (Y or N)

**CONTACTS**

*(Listed contacts must be available for the times given, or a revised Nuisance Response Plan must be submitted. A maximum of 4 contacts may be listed.)*

**Contact #1**

Available during the following times:

- 7 AM to 10 PM
- 10 PM to 7 AM
- 24 HRS
- Weekends Only (Friday 10 PM to Sunday 10 PM)

Name:

Mailing Address:

Phone:

Email:

**Contact #2**

Available during the following times:

- 7 AM to 10 PM
- 10 PM to 7 AM
- 24 HRS
- Weekends Only (Friday 10 PM to Sunday 10 PM)

Name:

Mailing Address:

Phone:

Email:

**Contact #3**

Available during the following times:

- 7 AM to 10 PM
- 10 PM to 7 AM
- 24 HRS
- Weekends Only (Friday 10 PM to Sunday 10 PM)

Name:

Mailing Address:

Phone:

Email:

**Contact #4**

Available during the following times:

- 7 AM to 10 PM
- 10 PM to 7 AM
- 24 HRS
- Weekends Only (Friday 10 PM to Sunday 10 PM)

Name:

Mailing Address:

Phone:

Email: