



Security Gate Authorization Form

Please complete the form below and return it to us with your signed contract. The Security Gates require your permission to allow us to access your property. This requires a statement from you for their files. We will provide this service to you by providing the form below for their records. A copy will be retained in our files for future reference.

Easy access to your properties will allow us more opportunities to show your home to prospective guests.

I, _____ give my permission for a representative
(Your Name)

of La Quinta Resort Leasing access to my property located at

_____ La Quinta, California 92253
(Your Address)

Signature

Date

Please check box for your neighborhood:

PGA West Santa Rosa Cove Citrus Other

Name of other neighborhood: _____

Mail with your contract or fax this form to: 760 777-4883