

EXHIBIT A
Lease / Rental Registration Form

2018

Property Details:

Lease / Rental Property Address: _____

Phone Number (if applicable): _____

of Bedrooms: _____

Owner Contact Information:

Name: _____

Mailing Address: _____

City, State Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

E-Mail Address: _____

Property Manager / Rental Agency Contact Information (if applicable):

Name: _____

Mailing Address: _____

City, State, Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

E-Mail Address: _____

Please indicate (check mark) whom should be listed as "24 hour emergency contact" should this be needed:

Owner

Property Manager

Pease return completed form to: PGA WEST Fairways Association
P.O. Box 1690
La Quinta, CA 92247

OR

Email: Michelle.Reese@managementtrust.com

Disclaimer: This form is for internal purposes only. For compliance related issues, the homeowner of record is the primary contact.