

TRIBE HOME ACCESS AUTHORIZATION

I/We,	Owner(s) of
Unit _	Address:
City:	Postal Code:
Give(s) authorization for the person listed below to access to my/our Tribe Home account on, 2022.
Comp	pany Name: Representative Name:
Emai	Address:
	understand by granting access to my Tribe Home account, the above representative can perform the ring actions on my behalf including but not limited to:
•	Review building-related information posted to The Loop
•	Post a message to the Loop to be seen by all registered users
•	View and download Community Documents
•	View and documents stored in My Home (if applicable)
•	View tenant names, phone numbers and email addresses stored in My Home
•	Submit a request via Help Desk to Tribe Management
•	Contact onsite building staff and/or the Tribe Management Community Team
•	Contact my tenant(s)
•	Book an amenity on behalf of my tenant(s)
	can terminate the Agent's access at any time by contacting Tribe via email (Support@tribehome.com) uest the Agent role be removed from the unit.
By sig	ning below, I/We grant authorization for to access my/our Tribe Home account. **Agent Name**
Owne	er Signature Owner Signature

Agent: Please send a copy of this signed form to <u>CSS@tribemgmt.com</u>. Upon receipt, an invitation to Tribe Home will be sent to you via email. Please check your junk folder in case the email is redirected.