

# Application for Meter Socket Upgrade and/or Relocation

Submit this form to [info@kiuc.coop](mailto:info@kiuc.coop) or 4463 Pahee St., Ste 1, Lihue HI 96766 with a **copy of your picture ID, digital Plot Plan and CPR Map (if applicable)**. Failure to do so may delay the processing of your application.

| Account Holder Information                                 |                 |            |                |                               |
|--|-----------------|------------|----------------|-------------------------------|
| Last Name or Organization Name                             |                 | First Name | Middle Initial | Last 4 digits of SSN/Fed ID # |
| Primary Phone  | Secondary Phone |            | Email          |                               |
| Mailing Address (your bill will be mailed to this address) |                 |            | Account #      |                               |
| City   |                 | State      | Zip            |                               |

| Existing Service Information  |  |         |  |  |
|---|--|---------|--|--|
| Physical Address (Street # and Name, and Unit # where you would like electric service)    |  |         |  |  |
| City  |  | Zip     | Check One<br><input type="checkbox"/> House <input type="checkbox"/> Condo/Apt |  |
| Tax Map Key #   | Is this a CPR Lot?<br><input type="checkbox"/> Yes (include CPR Map) <input type="checkbox"/> No |         | Subdivision Name   |  |
| Type of Service<br><input type="checkbox"/> Overhead <input type="checkbox"/> Underground |  | Meter # |  |  |

| Electric Service Upgrade   |                          |
|--|--------------------------|
| <b>Complete this section to have your service upgraded. Charges may be assessed.</b>   |                          |
| Amps Being Requested<br><input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> Other _____ (requires approval) | County Building Permit # |
| Electrician Name   | Electrician Phone Number |

| Meter Socket Relocation   |                          |
|---|--------------------------|
| <b>Complete this section to have your meter socket relocated. Charges may be assessed.</b>  |                          |
| Type of Service<br><input type="checkbox"/> Overhead <input type="checkbox"/> Underground   | County Building Permit # |
| Electrician Name  | Electrician Phone Number |
| <b>Submit a copy of digital Plot Plan &amp; CPR Map. Plans need to be marked with an "X" where the meter socket is being installed. NOTE: County approved digital Plot Plan required if moving from home to pedestal.</b> |                          |

I understand that my service may be discontinued if I am in violation of the terms of the Service Order Agreement, the Company's tariff, and any laws, rules or regulations by any public authority.

|                                 |      |
|---------------------------------|------|
| <b>Account Holder Signature</b> | Date |
|---------------------------------|------|