



Application for Residential Permanent New Construction

Submit this form to info@kiuc.coop or 4463 Pahee St., Ste 1, Lihue HI 96766 with a **copy of your picture ID, County approved digital Plot Plan, a** 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)				
City		State	Zip	
Have you ever had service with KIUC before? Yes, previous KIUC Account #:				No, complete the KIUC Membership Form
				I am the Owner Tenant

Service Information			
Physical Address (Street # and Name, and Unit # where you would like electric service)			
City		Zip	Check One House Condo/Apt
Tax Map Key #		Is this a CPR Lot? Yes (include CPR Map) No	
Subdivision Name		Type of Service Overhead Underground	
Amps Being Requested 100 200 Other (requires approval)		County Building Permit #	
Electrician Name		Electrician Phone Number	

Submit a copy of County approved digital Plot Plan & CPR Map. Plans need to be marked with an "X" where the meter socket is being installed.

Appliance Information				
Check one box for each of the appliances			Fill in quantity for each appliance	
Clothes Dryer <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Other <input type="checkbox"/> None	Stove/Range <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Other <input type="checkbox"/> None	Hot Water Heater <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Other <input type="checkbox"/> None	Refrigerator/Freezer	Washer
			Dishwasher	Air Conditioner
			Pool/Jacuzzi	Microwave

Account Authorization (optional)			
By completing this Account Authorization, I hereby grant authorization to the party listed below, hereafter called Agent, to contact Kauai Island Utility Cooperative (KIUC) to obtain billing information and/or make payments on my behalf. This authorization will remain in effect until I notify KIUC in writing.			
Last Name (attach copy of picture ID)		First Name	Last 4 digits of SSN
Primary Phone	Secondary Phone	Email	

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.

Account Holder Signature	Date
Additional Authorized Person Signature (if applicable)	Date



Membership Application

As a Kaua'i Island Utility Cooperative member, I agree to the following terms and conditions:

1. I will receive my electric service from KIUC and pay for it according to the rates and rules approved by the Hawai'i Public Utilities Commission.
2. I will purchase my electricity on Kaua'i only from KIUC, provided, however, I can generate my own electricity using my own equipment, or purchase photovoltaic energy generated by a third party's equipment provided solely to me. If that equipment is connected to KIUC's system, it will strictly conform with all local and State safety codes and other regulations that may apply.
3. I will abide by the rules of KIUC put in place to protect each member through the Articles of Incorporation, By-laws, and policies adopted by KIUC's Board of Directors.
4. I understand this agreement applies whether I own or lease my property, and whether that property is a home or business.
5. I give express consent for the cooperative to contact me, utilizing the phone numbers and other notification methods provided in this membership application, to send messages with information about emergency situations, planned power outages, past-due balances, and other notifications the cooperative deems useful.

I understand this agreement becomes effective as soon as I receive my first electricity service from KIUC.

Must be signed by the person whose name this account has been established.

NAME (print) _____ DATE _____

NAME (signature) _____