Kaua'i Island Utility Cooperative

Application for Residential

Temporary 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 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				IUC Membership Form		
Service Information						
Physical Addross (Streat # and Name, and Unit # where you would like electric service)						

City		Zip		Che	Check One	
				House	Condo/Apt	
Tax Map Key #	Is this a CPR Lot?		Subdi	vision Name		
	Yes (include CPI	R Map) No				
Type of Service	Is meter	Is meter socket being installed at its permanent location?				
Overhead Underground		Yes No (\$250 Material and Labor charge will apply)				
Amps Being Requested				County Building Permit #		
100200Other (requires approval)						
Electrician Name			Elect	rician 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.

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.
- 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
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NAME (signature)