

Submit this form to info@kiuc.coop or 4463 Pahee St., Ste 1, Lihue HI 96766 with a **copy of your picture ID, CPR Map (if applicable), and Plot Plan**. Failure to do so may delay 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? <input type="checkbox"/> Yes, previous KIUC Account #: _____ <input type="checkbox"/> No, complete the KIUC Membership Form			

Service Information			
Physical Address (Street # and Name, and Unit # where you would like electric service)			
City		Zip	Check One <input type="checkbox"/> House <input type="checkbox"/> Condo/Apt
Tax Map Key #	Is this a CPR Lot? <input type="checkbox"/> Yes (include CPR Map) <input type="checkbox"/> No	Subdivision Name	
Type of Service <input type="checkbox"/> Overhead <input type="checkbox"/> Underground		Is meter socket being installed at its permanent location? <input type="checkbox"/> Yes <input type="checkbox"/> No (\$250 Material and Labor charge will apply)	
Amps Being Requested <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> Other (requires approval)			County Building Permit #
Electrician Name		Electrician Phone Number	
Submit a copy of County approved 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.
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.

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) _____