

Submit this form to info@kiuc.coop or 4463 Pahee St., Ste 1, Lihue HI 96766 with a **copy of your picture ID**. Failure to do so may delay processing of your application. Please complete the Residential New Construction application if you are building a new residence.

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			I am the <input type="checkbox"/> Owner <input type="checkbox"/> Tenant

Service Information	
Requested Service Connection Date (Monday-Friday, excluding holidays)	Meter #
Physical Address (Street # and Name as designated by the County of Kauai, Condo Name and Unit # where you would like electric service turned on)	
City	Zip Check One <input type="checkbox"/> House <input type="checkbox"/> Condo/Apt
Is there a PV system at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill out and sign Assumption Agreement	Is there more than one dwelling on the lot? <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Tenant at this Address	Prior Tenant KIUC Account # (if available)
Landlord or Owner	Landlord or Owner Phone

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

If you are age 62 or older, or you are a person who has a qualifying disability or someone in your house requires use of qualified medical equipment that requires electric power, please contact KIUC for additional information.

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) _____