



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, 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?				I am the
<input type="checkbox"/> Yes, previous KIUC Account #:		<input type="checkbox"/> No, complete the KIUC Membership Form		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant

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	
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 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