

Application for Meter Socket Upgrade and/or Relocation

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

Existing 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				

Electric Service Upgrade	
Complete this section to have your service upgraded. Charges may be assessed.	
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

Meter Socket Relocation	
Complete this section to have your meter socket relocated. Charges may be assessed.	
Type of Service <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	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.	

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
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