



The power of human connections®

APPLICATION FOR COMMERCIAL SERVICE

Account Number											

Application No.

Area or Town _____ Service Connection Date _____
 (Monday-Friday, excluding Holidays)

I understand that my service may be discontinued if I am in violation of the terms on the service order agreement, the Company's Tariff, and any laws, rules or regulations by any public authority. **Picture ID required for all undersigned.**

Account Holder _____	Primary Phone _____
Account Holder Signature _____	SSN or Federal ID # _____
Authorized Person _____	Secondary Phone _____
Authorized Person Signature _____	SSN or Federal ID # _____
Email Address: _____	
Former Tenant Name at this address _____	
Landlord or Owner _____	Phone _____

IF SERVICE IS TO A NEWLY CONSTRUCTED BUILDING, PLEASE ANSWER THE FOLLOWING:

Electrician Name & Phone Number _____	Building Permit # _____
Tax Map Key # _____	Type of Service? Overhead <input type="checkbox"/> Underground <input type="checkbox"/>
Subdivision Name _____	Lot # _____
	Amperage Required _____
	Lot CPR'd? Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE ATTACH A COPY OF COUNTY APPROVED PLOT PLAN & CPR MAP.

COMMERCIAL <input type="checkbox"/> new <input type="checkbox"/> addl.	Connected	Est Dem.	TYPE OF BUSINESS OR CLASSIFICATION CODE			
EXISTING			1 Agricultural	7 Educational	13 Health	19 Retail (Dry)
LIGHTING			2 Agri (sugar)	8 Financial	14 Hospitals	20 Retail (Food)
MISCELLANEOUS (outlets, etc.)			3 Automotive	9 County	15 Hotels	21 Temporary Serv.
AIR CONDITIONING			4 Business Serv	10 Federal	16 Manufacturing	22 Transportation
REFRIGERATION			5 Construction	11 Military	17 Per. & Soc. Serv.	23 Wholesale (Dry)
HEATING (water or space)			6 Restaurants	12 State	18 Recreational	24 Wholesale (Food)
COOKING			SERVICE		ENGINEERING	
ELEVATOR			<input type="checkbox"/> Overhead	<input type="checkbox"/> Primary	Phase _____	Volts _____
OTHER POWER			<input type="checkbox"/> Underground	<input type="checkbox"/> Secondary	_____	Wire _____
1hp=1kw=1kva TOTAL > (KVA)			<input type="checkbox"/> Permanent	<input type="checkbox"/> Secondary	_____	_____
			<input type="checkbox"/> Temporary		_____	_____

NAME (LAST NAME FIRST)												SERVICE LOCATION (STREET # AND NAME, CONDO NAME AND APT. #)											
MAILING ADDRESS												MAILING ADDRESS (ADDITIONAL SPACE IF NEEDED)											
MAILING CITY						STATE		ZIP CODE				ZIP+4		RATE SCHED.									

DIST.	MULTIPLIER	LOCATION NUMBER	METER NUMBER	READING	DATE ENERGIZED
			KWH	KWH	
			KVARH	KVARH	

CREDIT DEPOSIT AMT	RECEIPT DATE	RECEIPT NUMBER	1	CTS	C	PTS	P
SERVICE PROC FEE	RECEIPT DATE	RECEIPT NUMBER	2	CTS	C	PTS	P
MISC CHARGE	RECEIPT DATE	RECEIPT NUMBER	3	CTS	C	PTS	P

SERVICE LINE ENERGIZED BY _____ / /
 METER INSTALLED BY _____ / /

APPLICATION TAKEN BY: _____ ENG. _____ COUNTY _____ DATE ____/____/____
 DATE: ____/____/____ Eng Comments _____
 County Approval: _____
 Remarks: _____



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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) _____

CURRENT KIUC ACCOUNT No. _____

ACCEPTED BY: _____

(KIUC Representative Initials)