



Takeover of Existing Service Application Instructions

If you are applying for electrical service to an existing home or business, the following will be required:

1. Residential Service Application Form or Commercial Service Application Form – print and sign
2. Copy of photo identification or W9 if account will be in a business name
3. Credit Deposit — A Member Services Representative will contact you with quote
4. Service Processing fee of \$20.00 and for new Members, a Membership fee of \$0.01
5. Assumption Agreement for homes and businesses with existing photovoltaic (PV) systems or other generation

If all documents are in order and fees paid, service may be activated within one business day.

If you have questions regarding the application process, please contact us at 808.246.4300.

Documents can be either emailed to info@kiuc.coop or mailed to KIUC, 4463 Pahee Street, Suite 1, Lihue, HI 96766-2000



Application for Existing Commercial Service

Submit this form to info@kiuc.coop or 4463 Pahee St., Ste 1, Lihue HI 96766 with a **copy of your picture ID, and W9 or equivalent ID for your organization**. 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			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, Condo Name and Unit # where you would like electric service turned on)	
City	Zip
Prior Tenant at this Address	Prior Tenant KIUC Account # (if available)
Landlord or Owner	Landlord or Owner Phone
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	

Type of Business or Classification Code (select one)					
<input type="checkbox"/> 1 Agriculture	<input type="checkbox"/> 5 Construction	<input type="checkbox"/> 9 County	<input type="checkbox"/> 13 Health	<input type="checkbox"/> 17 Pers & Soc. Serv.	<input type="checkbox"/> 21 Temporary Serv.
<input type="checkbox"/> 2 Agri (sugar)	<input type="checkbox"/> 6 Restaurant	<input type="checkbox"/> 10 Federal	<input type="checkbox"/> 14 Hospitals	<input type="checkbox"/> 18 Recreational	<input type="checkbox"/> 22 Transportation
<input type="checkbox"/> 3 Automotive	<input type="checkbox"/> 7 Educational	<input type="checkbox"/> 11 Military	<input type="checkbox"/> 15 Hotels	<input type="checkbox"/> 19 Retail (Dry)	<input type="checkbox"/> 23 Wholesale (Dry)
<input type="checkbox"/> 4 Business Serv	<input type="checkbox"/> 8 Financial	<input type="checkbox"/> 12 State	<input type="checkbox"/> 16 Manufacturing	<input type="checkbox"/> 20 Retail (Food)	<input type="checkbox"/> 24 Wholesale (Food)

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

Service Order Agreement

NOTE: REGARDING SERVICE INSTALLATION

KIUC currently has two types of meter connections. If a non-smart meter is installed at your location, the service representative will leave the main breaker in the off position for safety reasons. The main breaker is usually located at the meter socket. A black, tag on the meter seal indicates that electric service is available. You will need to turn on your main breaker to allow power to flow.

If a smart meter is installed at your location, the main breaker should already be in the "on" position. For safety reasons, the meter will display "arm" to indicate power is ready to be received. To allow power to flow, press the black button on the face of the meter. The display will change from "arm" to "cls". If power is not available, the meter will display "opn".

BY SIGNING THIS APPLICATION, THE APPLICANT AGREES:

1. TO ABIDE BY THE COMPANY'S TARIFF (RULES) ON FILE WITH THE PUBLIC UTILITIES COMMISSION, STATE OF HAWAII.
2. THAT POWER SERVICE WILL BE TERMINATED ON FAILURE TO PAY BILLS AS RENDERED WITHIN THE TIME PERIODS PRESCRIBED IN THE AFOREMENTIONED RULES.
3. THAT ANY CREDIT DEPOSIT WITH THE COMPANY WILL BE APPLIED WHEN THE ACCOUNT HOLDER ESTABLISHES CREDIT FOR THIS ACCOUNT OR WHEN THIS ACCOUNT IS CLOSED TO OFFSET THE CLOSING BILL.
4. THAT CREDIT DEPOSITS ARE NOT TRANSFERRABLE.
5. TO HOLD THE COMPANY HARMLESS FOR ANY INTERRUPTION OF SERVICE THAT MAY BE CAUSED FROM TIME TO TIME THROUGH SYSTEM OR POWER PLANT FAILURES OR BY ACCIDENT, ACT OF GOD, FIRES, STRIKES, RIOTS OR WAR: OR WHENEVER NECESSARY TO MAKE REPAIRS OR IMPROVEMENTS TO THE SYSTEM.
6. IF CUSTOMER'S PORTION OF APPLICATION IS NOT FULLY COMPLETED, SERVICE WILL BE DELAYED.
7. TO PROVIDE CLEAR ACCESS TO ELECTRIC METER(S).
8. TO PURCHASE KAUA'I ISLAND UTILITY COOPERATIVE LOCKS OR LOCK BOXES, IF METER(S) IS BEHIND LOCKED GATES OR DOORS.

Kaua'i Island Utility Cooperative's Bylaws and Tariff are available for review at www.kiuc.coop or at our Lihue Office at 4463 Pahe'e Street, Lihue, HI 96766.



STATEMENT OF NON-DISCRIMINATION

Kaua'i Island Utility Cooperative is the recipient of Federal financial assistance from the U.S. Department of Agriculture (USDA). The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

How To File a Complaint

If you wish to file an employment complaint, you must contact your agency's EEO Counselor within 45 days of the date of the alleged discriminatory act, event, or in the case of a personnel action. Additional information can be found online at http://www.ascr.usda.gov/complaint_filing_file.html.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW., Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. The complaint can be filed with Department of Agriculture up to 180 days.

Persons With Disabilities

Individuals who are deaf, hard of hearing or have speech disabilities and you wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Dated: January 6, 2015.



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) _____