

Applying for Residential Service

Kauai Island Utility Cooperative (KIUC) will try to establish service to customers within two business days of receipt of the completed application at the Company's business office when all wiring is already in place at a location which has been served by KIUC within the past twelve months.

If you currently have or had service with KIUC in the past, you may call our office at (808) 246-4300 to request service over the phone.

If you are applying for service to an existing home and you haven't had an account with KIUC in the past, please complete the form included. In addition to completing these forms, KIUC also requires proof of identification, credit deposit, service processing and a membership fee. In order to expedite the application process, you may contact KIUC at (808) 246-4300 to inquire how much the calculated credit deposit will be for the location you are applying for. Once you have completed the fillable forms, please print and sign the document(s). You may email, fax or mail them to KIUC. A representative will call you to confirm receipt, provide you with a credit deposit quote and account number to enable you to make payment. Once payment has been confirmed, we will be able to schedule your service request. If you have any questions, please contact our Member Services Department at (808) 246-4300.

Email info@kiuc.coop
Fax (808) 246-4315
Mailing Address: Kauai Island Utility Cooperative
Member Services
4463 Pahee St, Ste 1
Lihue, HI 96766-2000

Required Documents, Forms & Applicable Fees:

- ❖ **Application for Residential Service**
- ❖ **Membership Application**
- ❖ **Photocopy of Picture ID** (acceptable forms of identification are United States issued driver's license, military ID, or government issued passport)
- ❖ **Credit Deposit:** Credit deposits shall not be less than \$10.00 nor more in amount than the maximum estimated charge for service for two consecutive months. KIUC requires a credit deposit for all accounts except when members have established a prompt payment history for service for 12 consecutive months. Credit deposit quotes are honored for 30 days and must be paid BEFORE the service connection is scheduled.
- ❖ **Service Processing Fee: \$20.00** (Billable)
- ❖ **KIUC Membership Fee: \$0.01** (Billable)

Payment Options: Your account number will be required in order for you to pay any deposits or fees and will be provided to you after your application for residential service, membership application and photocopy of your picture ID has been received and processed.

- **Come in to the office and pay the cashier:** After payment is made, please see the Service Activation Representative to schedule your service connect date. **Failure to do this will delay your service request.**
Hours of operation: Monday-Friday, 7:30 a.m. – 4:15 p.m. (excluding holidays)
- **Pay at any Kauai branch of First Hawaiian Bank:** A nominal bank fee may be applicable to pay at First Hawaiian Bank. After payment is made, you may fax the receipt to (808) 246-4315. After faxing the receipt, contact the office at (808) 246-4300 to confirm receipt of fax and schedule your service connect date. **Failure to contact us will delay your service request.**
- **Pay via Western Union Speedpay:** After receiving your account number, you may call **1(888) 813-2247** or **go to our website at www.kiuc.coop and click on Pay Online.** A convenience fee is applicable for each transaction. After payment is made, call (808)246-4300 with your confirmation number. Once proof of payment is verified, we will be able to schedule your service connect date. **Failure to contact us will delay your service request.**

- **Pay by mail:** If you are mailing a check or money order to KIUC that is not accompanied with your service application, be sure to include your account number in the memo portion of the check to ensure proper posting and scheduling. Upon receipt, we will call you to schedule your service request.

Kauai Island Utility Cooperative
Member Services
4463 Pahee St, Ste 1
Lihue, HI 96766-2000



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**APPLICATION FOR EXISTING
 RESIDENTIAL 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 of 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 (last 4-digits) _____

Authorized Person: _____ Phone _____

Authorized Person Signature: _____ SSN (last 4-digits) _____

Email Address _____

Have you ever had service with KIUC before? Yes No Prior Account Number _____

Check One Box House Condo/Apt Is there more than one dwelling on this lot? Yes No

Former Tenant Name at this Address _____

Landlord or Owner _____ Phone (____) _____

APPLIANCE INFORMATION					
LIST QUANTITY FOR THE EACH OF THE FOLLOWING APPLIANCES:					
Refrigerator/Freezer _____	Washer _____	Dishwasher _____			
Air Conditioner _____	Pool/Jacuzzi _____				
CHECK ONE BOX FOR EACH OF THE FOLLOWING APPLIANCES:					
Clothes Dryer	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Solar <input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>
Stove/Range	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Solar <input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>
Hot Water Heater	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Solar <input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>

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 CALL KAUAI ISLAND UTILITY COOPERATIVE AT (808) 246-4300 FOR ADDITIONAL INFORMATION.

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.

DO NOT WRITE BELOW THIS LINE

DIST.	MULTIPLIER	LOCATION NUMBER

APPLICATION TAKEN BY: _____
 DATE: ____/____/____

METER NUMBER	READING	DATE ENERGIZED

WORK COMPLETED BY: _____
 DATE: ____/____/____

Phase: ____ Volts: ____/____ Wires: _____ Connected Load: _____ Estimated Demand: _____

ENGINEER: _____ DATE ____/____/____

SERVICEMAN COMMENTS:

Eng Comments _____

County Inspector: _____ County Approval Comments: _____

Remarks: _____

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 USDA prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800)795-3272 (voice) or (202)720-6382 (TDD). USDA is an equal opportunity provider and employer.



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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)