



**Customer Information**

Name:	Account #:
Address:	Enrollment Date:
City/State/Zip:	Email Address:
Phone #:	Cell Phone #:

**Please select any of these that apply to you:**

- Plug-in Electric Vehicle
  Energy Storage System
  PV Customer

**Does anyone work from your residence during daytime hours? If yes, please indicate the number of individuals:**

No
  Yes
  1
  2
  3+

**Please complete the following optional survey so we can better understand our customers. Mahalo for your participation!**

**Do you own or rent your home?**

Own
  Rent

**Is that a house, apartment, condominium, or a townhouse?**

House
  Apartment
  Condominium
  Townhouse
  Other, Specify \_\_\_\_\_

**Including yourself, please indicate the number of people in your household in the following categories:**

\_\_\_ Student
 \_\_\_ Employed part-time
 \_\_\_ Employed full-time
 \_\_\_ Unemployed
 \_\_\_ Retired

**What was the total income before taxes last year, for all members of your household?**

Less than \$20,000
  \$20,000 to \$30,000
  \$30,000 to \$40,000
  \$40,000 to \$50,000  
 \$50,000 to \$75,000
  \$75,000 to \$100,000
  \$100,000 and over

**Please read and acknowledge the following statement:**

*I understand the terms of enrollment for the Hawaiian Electric Companies Time-of-Use rate. I shall notify the Hawaiian Electric Companies of any applicable changes, including changing service address or opting out of the Time-of-Use rate. I may be selected to participate in load curtailment studies in which there may be possibilities of brief service interruptions. I acknowledge that my enrollment on the Time-of-Use rate is contingent upon the terms of the tariff.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

To enroll, please send this form with signature to: **Email:** TOU@hawaiianelectric.com **Mail:** Hawaiian Electric Company - TOU  
CP12-SE, P.O. Box 2750  
Honolulu, HI 96840-0001

**FOR INTERNAL USE ONLY**

Opt Out Date: \_\_\_\_\_ Enrollment #: \_\_\_\_\_