

Preliminary Consultation Information Request

Distributed Energy Resource (DER) Connections

This form is for customers applying for a Preliminary Assessment for connecting a Distributed Energy Resource (DER). All fields are required. Email the completed form to Generation@ERTHPower.com. If you have any questions, you may send them to the email or phone 519-485-1820.

1. General Information:

Project Name: ERTH 100KW SOLAR	
Application Submission Date: 2022/09/29	(YYYY/MM/DD)
Primary Contact: ERTH POWER CORPORATION <i>(company name)</i>	
Contact Name: DER GENERATION MANAGER	
Telephone No.: 519-485-1820	
E-mail Address: GENERATION@ERTHPOWER.COM	
Address: 143 BELL STREET, PO BOX 157	City/Town: INGERSOLL
Postal Code: N5C 3K5	

2. Project Information:

Project Intent:	<input checked="" type="checkbox"/> Inject energy to the grid <input type="checkbox"/> Do not inject energy to the grid for: <input type="checkbox"/> Load Displacement <input type="checkbox"/> Emergency Backup only when the grid is not available <input type="checkbox"/> Other (please specify):	
Size:	Proposed Installed Capacity	100 kW
	Connecting on	<input type="checkbox"/> Single phase <input checked="" type="checkbox"/> 3 phase
Project Type:	DER Type	<input type="checkbox"/> Synchronous <input type="checkbox"/> Other: <i>(please specify)</i> <input type="checkbox"/> Induction <input checked="" type="checkbox"/> Inverter based
	DER Fuel Type	SOLAR

Site Information	Municipal Address	Address: 143 BELL STREET City/Town/Township: INGERSOLL Postal Code: N5C 2N9 Existing Account Number (if applicable): 000000-00
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<u>FOR OFFICE USE ONLY:</u>		
<input type="checkbox"/> Received	Date:	(YYYY/MM/DD)
<input type="checkbox"/> Incomplete returned	Date:	(YYYY/MM/DD)
<input type="checkbox"/> Complete	Date:	(YYYY/MM/DD)
<input type="checkbox"/> Preliminary Consultation Report sent	Date:	(YYYY/MM/DD)
<input type="checkbox"/> Application ID assigned	Date:	(YYYY/MM/DD)

SAMPLE