

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:	
Application Submission Date:	(YYYY/MM/DD)
Primary Contact: <i>(company name)</i>	
Contact Name:	
Telephone No.:	
E-mail Address:	
Address:	City/Town:
Postal Code:	

2. Project Information:

Project Intent:	<input 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	kW
	Connecting on	<input type="checkbox"/> Single phase <input 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 type="checkbox"/> Inverter based
	DER Fuel Type	

Site Information	Municipal Address	Address: City/Town/Township: Postal Code: Existing Account Number (if applicable):
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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)