

## Preliminary Consultation Information Request Distributed Energy Resource (DER) Connection (>10kW)

Niagara-on-the-Lake Hydro

generation@notlhydro.com

905-468-4235

This form is for customers applying for a Preliminary Assessment to connect a Distributed Energy Resource (DER) over 10kW. All fields are required. Please email the completed form to generation@notlhydro.com. If you have any questions, you may send them to this email or phone 905-468-4235.

### 1. General Information:

<b>Project Name</b>	
<b>Application Submission Date</b>	
<b>Primary Contact</b> <i>(company name)</i>	
<b>Contact Name</b>	
<b>Telephone No.</b>	
<b>E-mail Address</b>	
<b>Address</b>	
<b>Postal Code</b>	

### 2. Project Information:

<b>Project Intent</b>	<input type="checkbox"/> Inject energy to the grid <input type="checkbox"/> Do not inject energy to the grid for: <ul style="list-style-type: none"> <li><input type="checkbox"/> Load Displacement</li> <li><input type="checkbox"/> Emergency Backup only when the grid is not available</li> </ul> <input type="checkbox"/> Other (please specify):	
<b>Size</b>	Proposed Installed Capacity	kW
	Connecting on	<input type="checkbox"/> Single phase <input type="checkbox"/> 3 phase
<b>Project Type</b>	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/Energy Type	

<b>Site Information</b>	Municipal Address	Address:
		City/Town/Township:
		Postal Code:
		<b>Existing Account number (if applicable):</b>

<b><u>FOR OFFICE USE ONLY:</u></b>	
<input type="checkbox"/> Received	Date:
<input type="checkbox"/> Incomplete returned	Date:
<input type="checkbox"/> Complete	Date:
<input type="checkbox"/> Preliminary Consultation Report sent	Date:
<input type="checkbox"/> Application ID assigned	ID: