

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. If you have any questions, or would like to submit your completed form, please send those to der@wellandhydro.com.

1. General Information:

Project Name:
Application Submission Date:
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: <ul style="list-style-type: none"> <input type="checkbox"/> Load Displacement <input type="checkbox"/> Emergency Backup only when the grid is not available <input type="checkbox"/> Net Metering	
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/Energy 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:
<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: