

## 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 [engineering@wellandhydro.com](mailto:engineering@wellandhydro.com).

### 1. General Information:

<b>Project Name:</b>  <b>Application Submission Date:</b> _____ (YYYY/MM/DD)	
<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>City/Town:</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: <input type="checkbox"/> Load Displacement <input type="checkbox"/> Emergency Backup only when the grid is not available  <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 Type	

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

<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)