



Serving the Community of Renfrew
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 www.renfrewhydro.com

Preliminary Consultation Application 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 info@renfrewhydro.com If you have any questions, you may send them to the email or phone 613-432-4884.

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 (Injecting) <input type="checkbox"/> Do not inject energy to the grid for: (Non-Injecting) <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"/> 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"/> Induction <input type="checkbox"/> Inverter based
		<input type="checkbox"/> Other (please specify): _____

Site Information	Municipal Address	Address _____ City/Town/Township _____ Postal Code _____ <u>Existing Account number (if applicable)</u> _____
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<u>FOR OFFICE USE ONLY:</u>	
<input type="checkbox"/> Received	Date: _____(YYY/MM/DD)
<input type="checkbox"/> Incomplete returned	Date: _____(YYY/MM/DD)
<input type="checkbox"/> Complete	Date: _____(YYY/MM/DD)
<input type="checkbox"/> Form A Report sent	Date: _____(YYY/MM/DD)
<input type="checkbox"/> Application ID assigned	ID: _____