



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 dxgeneration.eedo@epcor.com If you have any questions, you may send them to the email or phone (705) 445-1800.

1. General Information:

Project Name:	Click or tap here to enter text.
Application Submission Date:	Click or tap to enter a date. (YYYY/MM/DD)
Primary Contact: Click or tap here to enter text. <i>(company name)</i>	
Contact Name:	Click or tap here to enter text.
Telephone No.:	Click or tap here to enter text.
E-mail Address:	Click or tap here to enter text.
Address: Click or tap here to enter text.	City/Town: Click or tap here to enter text.
Postal Code: Click or tap here to enter text.	

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): Click or tap here to enter text.	
Size:	Proposed Installed Capacity	Click or tap here to enter text.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 Click or tap here to enter text. <input type="checkbox"/> Inverter based
	DER Fuel/Energy Type	

		Click or tap here to enter text.
Site Information	Municipal Address	<p>Address: _____</p> <p>City/Town/Township: _____</p> <p>Postal Code: _____</p> <p>Existing Account number (if applicable): _____</p>

<u>FOR OFFICE USE ONLY:</u>	
<input type="checkbox"/> Received	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Incomplete returned	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Complete	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Preliminary Consultation Report sent	Date: Click or tap to enter a date. (YYY/MM/DD)
<input type="checkbox"/> Application ID assigned	ID: Click or tap here to enter text.