

## 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 [generation@tillsonburg.ca](mailto:generation@tillsonburg.ca). If you have any questions, you may send them to the email or 519-688-3009.

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	

Tillsonburg Hydro Inc.  
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Tillsonburg, Ontario, N4G 5A5  
[generation@tillsonburg.ca](mailto:generation@tillsonburg.ca)



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