

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@enovapower.com. If you have any questions, you may send them to the email or phone 226-896-2200.

1. General Information:

Project Name:	
Application Submission Date:	(YYY/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 <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): <small>Click or tap here to enter text.</small>	
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	<p>Address: _____</p> <p>City/Town/Township: _____</p> <p>Postal Code: _____</p> <p>Existing Account number (if applicable): _____</p>
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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"/> Preliminary Consultation Report sent	Date:	(YYY/MM/DD)
<input type="checkbox"/> Application ID assigned	ID:	