

## 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 rslu@rslu.ca. If you have any questions, you may send them to the email or phone 613-925-3851.

**1. General Information:**

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

**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: <ul style="list-style-type: none"> <li><input type="checkbox"/> Load Displacement</li> <li><input type="checkbox"/> Emergency Backup only when the grid is not available</li> </ul> <input type="checkbox"/> Other (please specify): Click or tap here to enter text.	
<b>Size:</b>	Proposed Installed Capacity	Click or tap here to enter text.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 (please specify): <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.
<b>Site Information</b>	Municipal Address	<p>Address: _____</p> <p>City/Town/Township: _____</p> <p>Postal Code: _____</p> <p>Existing Account number (if applicable): _____</p>

<b><u>FOR OFFICE USE ONLY:</u></b>	
<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.