## **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 DER@utilitieskingston.com. If you have any questions, you may send them to the email or phone 613-546-1181 x. 2474.

1. General Information:

**Project Name:** 

Application Submission Date:			
Primary Contact: (company name) Contact Name: Telephone No.: E-mail Address: Address: City/Town: Postal Code:			
2. Project Inform Project Intent:	ation:  ☐ Inject energy to the grid ☐ Do not inject energy to the grid for: ☐ Load Displacement ☐ Emergency Backup only when the grid is not available ☐ Other (please specify):		
Size:	Proposed Installed Capacity  Connecting on	kW  Single phase	
Project Type:	DER Type	<ul> <li>☐ 3 phase</li> <li>☐ Synchronous ☐ Other (please specify):</li> <li>☐ Induction</li> <li>☐ Inverter based</li> </ul>	
	DER Fuel/Energy Type		

Site Information	Municipal Address	Address:
		City/Town/Township:
		Postal Code:
		Existing Account number (if applicable):

FOR OFFICE USE ONLY:			
Date:			
ID:			