

# 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@algomapower.com](mailto:DER@algomapower.com). If you have any questions, you may send them to the email or phone 705-256-3850.

## 1. General Information

<b>Project Name:</b>		<b>Date:</b> (YYYY/MM/DD)	
<b>Primary Contact:</b> (Company name)			
<b>Contact Name:</b>			
<b>Address:</b>		<b>City/Town:</b>	
<b>Telephone:</b>		<b>Postal Code:</b>	
<b>Email:</b>			

## 2. Project Information

<b>Project Intent:</b>	<input type="checkbox"/> Inject energy into 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"/> Induction	<input type="checkbox"/> Inverter
	DER Fuel/Energy Type:	<input type="checkbox"/> Other (please specify): _____		

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

<b><u>FOR OFFICE USE ONLY:</u></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	ID: _____