ATIKOKAN HYDRO INC.

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 info@athydro.com. If you have any questions, you may send them to the email or phone 807-597-6600.

1. General Information:

Project Name: Click or tap here to enter text.

Application Submission Date: Click or tap to enter a date. (YYY/MM/DD)

Primary Contact: Click or tap here to enter text.
(company name)

Contact Name: Click or tap here to enter text.

Telephone No.: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Address: Click or tap here to enter text.   **City/Town:** Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

2. Project Information:

Project Intent:	☐ 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): Click or tap here to enter text.	
Size:	Proposed Installed Capacity	Click or tap here to enter text. kW
	Connecting on	☐ Single phase ☐ 3 phase
Project Type:	DER Type	☐ Synchronous　☐ Other *(please specify)*: ☐ Induction　　Click or tap here to enter text. ☐ Inverter based
	DER Fuel/Energy Type	

		Click or tap here to enter text.
Site Information	Municipal Address	Address: _____ City/Town/Township: _____ Postal Code: _____ Existing Account number (if applicable): _____