

## Form 4

# Application for Preliminary Review of a request to connect Embedded Generation to the Oakville Hydro Distribution System

### 1. Applicant's Contact Information (the party that will be contractually obligated for this generating facility)

Name \_\_\_\_\_  
Company (if any) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number (Main) \_\_\_\_\_ Cell \_\_\_\_\_  
Fax Number \_\_\_\_\_ Email \_\_\_\_\_

### 2. Location of Interest for Embedded Generation

Street Address or \_\_\_\_\_  
Closest Location \_\_\_\_\_  
Description \_\_\_\_\_

### 3. Generator Information

Generation Type: (Check One)  Synchronous  Induction  Inverter  
 Other: \_\_\_\_\_

Number of Phases: (Check One)  Single Phase  Three Phase

Primary Energy Source: Renewable: \_\_\_\_\_ Non Renewable \_\_\_\_\_  
Type: \_\_\_\_\_

Do you intend to participate in any OPA programs?  Yes  No  
Details: \_\_\_\_\_

Output capacity: \_\_\_\_\_ kW

Load displacement?  Yes  No Existing or New Load? \_\_\_\_\_

### 4. Other Information that may be relevant or assist in preliminary review. Use additional sheet if more information is required.

FIT or micro-FIT reference number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### • Return this form to:

**Oakville Hydro, P.O Box 1900, 861 Redwood Square Oakville ON L6J 5E3**  
**Attn: Embedded Generation Contact c/o Engineering Dept.**  
**E mail: [engineering@oakvillehydro.com](mailto:engineering@oakvillehydro.com)**  
**Phone: 905-825-9400 Ext. 2266 Fax: 905-825-5830**