

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
Phone: 905-825-9400 Ext. 2266 Fax: 905-825-5830