



Request for Preliminary Meeting for Connection of a Parallel Generation Facility greater than 10kW

Note: All fields are mandatory. Incomplete forms will not be accepted.

Date: _____ (dd / mm / yyyy)

Contact Person

Name: _____

Phone: _____

Email: _____

1. Name-plate rated capacity of each unit of the proposed generation facility:

_____ kW
_____ kW
_____ kW
_____ kW

2. Total name-plate rated capacity of the generation facility at the connection point :

_____ kW

3. Fuel type: _____

4. Generation Technology (ex, synchronous, inverter,) : _____

5. Proposed Location(s): (provide legal description of land or municipal address, and SYNERGY NORTH account number (if there is an existing service) for a maximum of three locations

Signature: _____

Submit applications to:

Generation Connections
SYNERGY NORTH
37 Front St
Thunder Bay, ON
P8A 8B2

or

generator.connections@synergynorth.ca

Upon receipt of a fully completed form, Thunder Bay Hydro will provide a meeting date and time within 15 days.