



# microFIT Connection Application

### microFIT Project Information:

OPA assigned Reference Number	
Applicant Legal Name	
Incremental Project	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Primary Contact Information:

Name	
Billing Address	
Account Number (for existing Milton Hydro customer account, if applicable)	
Phone Number	
Email Address	
Fax Number	

### Secondary Contact Information:

Name	
Address	
Phone Number	
Email Address	
Fax Number	

### microFIT Project Description:

Site Address			
Fuel Type	<input type="checkbox"/> Solar / Photovoltaic Cells (Rooftop) <input type="checkbox"/> Solar / Photovoltaic Cells (Ground Mount) <input type="checkbox"/> Wind Turbine <input type="checkbox"/> Biomass <input type="checkbox"/> Bio-gas <input type="checkbox"/> Hydraulic Turbine <input type="checkbox"/> Bio-diesel <input type="checkbox"/> Other, please specify		
Connecting Voltage	Volts	(Single-Phase or Three-Phase)	
Nameplate Capacity	kW	Expected In-Service Date (yyyy/mm/dd)	

### If fuel type is Solar PV Project

Nameplate capacity of the Solar PV panels	kW
Nameplate capacity of the inverter	kW

Proposed Type of Connection:	<input type="checkbox"/> <del>Series Metering Connection</del> <input type="checkbox"/> Parallel Metering Connection
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### If Incremental Project – Existing Generating Facility Description

Fuel Type	<input type="checkbox"/> Solar / Photovoltaic Cells <input type="checkbox"/> Wind Turbine <input type="checkbox"/> Biomass <input type="checkbox"/> Bio-gas <input type="checkbox"/> Hydraulic Turbine <input type="checkbox"/> Bio-diesel <input type="checkbox"/> Other, please specify:	
Nameplate Capacity of Existing Generating Facility		kW
Combined Nameplate Capacity		kW
<i>NOTE: Combined Nameplate Capacity (microFIT Project plus Existing Generating Facility) cannot exceed 10 kW.</i>		

**Please return the completed form by mail, fax or email to:**

**Mail:**

Milton Hydro Distribution Inc.

Attn: *microFIT* Manager

200 Chisholm Drive  
Milton, Ontario L9T 3G9

**Fax:**

(905) 876-2044  
Attn: *microFIT* Manager

**Email:**

[microfit@miltonhydro.com](mailto:microfit@miltonhydro.com)

Subject: microFIT Connection Application

**By submitting this application, the Proponent authorizes the collection by Milton Hydro Distribution Inc (MHDI), of the information set out in this application and otherwise collected in accordance with the terms hereof, the terms of MHDI’s Conditions of Service, MHDI’s Privacy Policy and the requirements of the Distribution System Code and the use of such information for the purposes of the connection of the generation facility to MHDI’s distribution system.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_