ESS Augmentation Request Form

**V2022.08.04**

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| **Customer/Company Name** |  | **FIILLED BY TROES** |
| **Contact name** |  | **Customer - Form No.** |  |
| **Contact email** |  | **TROES Design Manager** |  |
| **Contact phone** |  | **Date confirmed** |  |
| **FILLED BY THE CUSTOMER** |
| 1 | System Size (Energy, Power) request at BOL (Begin of Life) |  |
| 2 | System Size (Energy, Power) request at EOL (End of Life) as performance |  |
| 3 | System Size (Energy, Power) request during system operation (optional) (Example: list of the capacity request for each year) |  |
| 4 | Project Timeline (Year, Cycles) |  |
| 5 | System Operation Cycle per year |  |
| 6 | System BOL budget (Optional) |  |
| 7 | Client preferred augmentation time (Optional) (Example: once for 3yrs / 5yrs / 7yrs) |  |
| 8 | Client Cash Flow on project (Optional) |  |
| 9 | If EPC cost included |  |

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