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 | | |  | |

# 3600 Steeles Ave. East Markham, ON

L3R 9Z7, Canada

# 1-888-99-TROES (87637) [info@troescorp.com](mailto:info@troescorp.com) [www.troescorp.com](https://troescorp.com/)