**Expedited Designation Election Form**

As an authorized officer, agent or representative of *Click here to enter Applicant Name* (“Applicant”), I have reviewed the results for Expedited Designation Study *To be completed by SPP* for transmission service reservation (TSR) *To be completed by SPP* . I request for SPP to accept the TSR. In doing so, I agree to accept any costs for Z2 Credit Payment Obligations documented in the study results.

I understand that submission of this document is final, and that if this form is not completed, signed, and emailed to [TS@spp.org](mailto:TS@spp.org) by *To be completed by SPP* , the TSR shall be refused.

Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

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Date