

3 January 2019

From: Sondra Even
10999 Warren Rd NW
Silverdale WA 98383

To: Daniel Stein
PO Box 480
Seabeck WA 98380

Daniel,

This letter is to provide details on my attempt get trash pickup service from Waste Management for my mother.

Summary: My mother Paula Pippin, age 85, is unable to take the trash to Waste Management's nearest pick-up location on Anderson Hill Rd, a distance of half a mile from her house on a busy road. I contacted Waste Management to request pack-out service or even pick-up at the end of her driveway. I spoke with Christina at Waste Management on December 18, 2018. She stated she would call back once their dispatcher had evaluated the route.

The next day I received a voice mail from Christina that Waste Management would be unable to provide the service "because there wasn't enough room for the truck to turn around". Please note that the entire length of Warren Rd to our house is paved and there is plenty of room to turn-around at the end of the road, just 50 feet past the driveway. My mother receives regular deliveries from UPS, Fedex and even large moving trucks with furniture and appliances. Additionally, I note that a friend who lives down a tight muddy single lane dirt road off Tracyton in East Bremerton gets trash service at the end of her drive way, in spite of an even smaller turn-around area.

Since I don't have anything in writing, I am providing this letter to document the situation thus far. I am also writing Waste Management to ask they re-evaluate their criteria for pick-up locations and pack-out services. Other utilities such as Kitsap Transit go to considerable lengths to ensure services to our senior citizens and people with disabilities. If Waste Management is to in effect claim the rights of a monopoly on the basis of being a utility, they should be held to the same standards. If not, then the Commission should allow someone else meet these needs.

Sincerely,



Sondra Even

TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

Temporary certificate applications and Expedited Temporary Authority applications must include sworn statements from one or more potential customers identifying all pertinent facts relating to an immediate and urgent need for service.

Applicant Name: Daniel Stein

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Jim & Debra Rye

Address: 6192 Larson Ln NW (PO Box 927) Seabeck WA 98380

Phone Number: 360 478 7072 Fax Number: Ø Email: _____

Describe the immediate and urgent need for the requested service: We have some medical issues & age issues which makes it difficult to haul trash & recycle down to the road (about 2 miles). Trash pickup by WM does not come our road.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): Waste Management

Explain why the current company is not able to provide you service: they do not come up our road.

What date(s) do you need the service? Jan 2019

What do you need transported? trash & recycle cans

Number of days, trips, loads: 1 of each, each week

Transported from: our house To: dump

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Debra Rye Debra Rye 12/28/18 Kitsap Co., WA
Print Name Signature Date, County, State

*This form is not required to be filed for an application for temporary authority to operate an existing certificate pending the outcome of an application to transfer permanent authority.

TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

Temporary certificate applications and Expedited Temporary Authority applications must include sworn statements from one or more potential customers identifying all pertinent facts relating to an immediate and urgent need for service.

Applicant Name: SKYLER TAYLOR

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: SKYLER TAYLOR

Address: 11767 OLYMPIC VIEW RD NW SILVERDALE, WA 99383

Phone Number: (360) 271-8252 Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service: WASTE MANAGEMENT WAS PROVIDING UNSATISFACTORY SERVICE AND MADE MULTIPLE MISTAKES. INCLUDING NOT PICKING UP GARBAGE ON SCHEDULED DATES. WE HAVE A VERY LONG DRIVEWAY.

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): WASTE MANAGEMENT

Explain why the current company is not able to provide you service: AS LISTED ABOVE, THEY WERE UNABLE TO MEET OUR NEEDS AND WOULDN'T FIX THE PROBLEMS THEY CREATED.

What date(s) do you need the service? 1/12/19

What do you need transported? GARBAGE, RECYCLING.

Number of days, trips, loads: AT LEAST (2) TIMES A MONTH.

Transported from: MY HOUSE To: LAND FILL

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

SKYLER TAYLOR _____
Print Name Signature
1/12/19, KITSAP, WA
Date, County, State

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