

621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222

Email: transportation@utc.wa.gov

AUTO TRANSPORTATION – ATTACHMENT A

Auto transportation Certificate of Support Statement

Auto Transportation certificate applications must include more than one signed and sworn support statement from independent members of the public who need service, or a statement by a representative of a city, county or regional transportation planning organization.

Applicant Name: Eagle Town Car/Bellevue Airport Shuttle	
Customer Sworn Statement Relating to the Need for Ser	vice:
Customer Name: Kristi Kosmata, Hyatt Regency Bellevue	
Address: 900 Bellevue Way NE Bellevue WA 98004	
Phone Number: 425 864 6198 Email: Kristi.Kosmata@hyatt.com	
Fax Number: none	
Describe the need for the requested service:	
Meetings & Events need an affordable option to get to and from SeaTac Airport. The proposed shuttle would service five hotels in Bellevue and offer daily transportation for \$30 per trip which is half of what it currently costs for on-demand car services. This service is long overdue in downtown Bellevue.	
If there is an existing company providing this service in the territory, please list the	ne existing company's
name (if applicable): None	
Explain why the current company is not providing adequate service:	
There are no regularly scheduled airport shuttles that service Bellevu	le.
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.	
Kristi Kosmata	09/23/2024
Print Name Signature	Date

08-2020