Exh. TH-11
[Exh. GL-1]

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: Lakeside Transportation

Customer Sworn Statement Relating to the Need for Service:

Customer Name: Giovonni Love - W Seattle

Address: 1112 4th Ave, Seattle, Wa, 98101

Phone Number: 2062646000 Email: Giovonni.Love@whotels.com

Fax Number: N/A

Describe the need for the requested service:

Hotel guests need an affordable, reliable transportation service to and from the airport. With variable pricing through third party services this shuttle service would provide guests with consistent, dependable service to hotel guests.

If there is an existing company providing this service in the territory, please list the existing company's name (if applicable):

Explain why the current company is not providing adequate service:

no current shuttle service to the airport

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.

Giovonni Love		05/14/2025
Print Name	Signature	Date