Exh. TH-10
[Exh. SH-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: **Sayaka Hishinuma**

Address: **411 University Street, Seattle WA 98101**

Phone Number: **206-621-1700** Email: **sayaka.hishinuma@fairmont.com**

Fax Number: **206-682-9633**

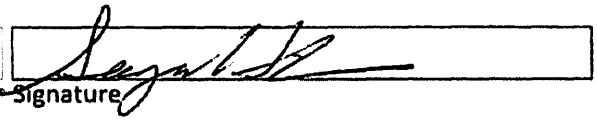
Describe the need for the requested service:

Seattle has lacked reliable airport shuttle services since Shuttle Express and Gray Line discontinued operations, leaving a gap in affordable, convenient transportation for locals and visitors alike. While Link Light Rail Line 1 exists, it often fails to meet the needs of travelers with heavy luggage or mobility challenges. A dedicated shuttle service would provide comfort, accessibility, and a crucial solution for those underserved by current options. Restoring this service isn't just convenient, it is essential for a more inclusive and seamless travel experience.

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

Explain why the current company is not providing adequate service:

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.

Sayaka Hishinuma		**05/14/2025**
Print Name	Signature	Date