RECEIVED

OCT 0.8 2019

Specialist Name

WASH, UT, & TP, COMMConsumer Informal Complaint Form Washington State Utilities and Transportation Commission Consumer Protection Section

P.O. Box 47250 Olympia, WA 98504-7250

Statewide Toll-Free: 1-888-333-WUTC (9882)

Fax: 360-664-4291

Hearing Impaired Toll-Free - TTY: 1-800-416-5289

C	ONSUMER INFORMA	TION
Name on Account:		
Your Name: Hay Gleazor (Please Print or Type) Last	n Raymond	Joseph .
(Please Print or Type) Last	First	Middle Initial
Service Address: 7293	Larson Ln.	N.W.
City: Seaback	County: Kitsap	State: We Zip: 98380

A comparing the control of the contr
Please explain your complaint in detail (use additional pages if necessary):
W.M. is trying to put our garbage
Management has said in court that they would not do
house pick service, they only pick at their Pickup Location.
On April 10th 2019 Waste Management Said if Superior
waste treased win's the case, they will goin driect competition with Daniel Stein (D.B.A. S. W.R.) and put him out of 13 usiness. Total amount of the charges you are disputing \$:
II.
Have you tried to resolve the dispute with your utility or transportation company? Yes No If yes, what was the result?
I called Waste Management for house pickup
Service (Sept 27, 2019) 4:10 pm. WM saul they
would call me back on House pickup some. No
CAII Back
What do you think the company should do to resolve your complaint?
Due town pickup Location is 1.23 miles from my
house this mill not work tomme, I'am 75 year all
and unabel to lift garbage can into my pickup. It sur.
is put at business. I mill have to find another way to
home my garhage hauled away.
SIGNATURE In filing this complaint with the Washington Utilities and Transportation Commission you are stating that the
information you are providing is true to the best of your knowledge.
Note: Please be aware that the information you submit using this form is a public record. You may request that your personal information (name, address, telephone number, etc.) not be included in public records requests.

Date

R. Gleason 7293 Larson Ln.N.W. Seabeck, Wash, 90380



OTC
621 Woodland Square 200p S.E.
Lacey, Mashington
9.8503

Att. Consumer Informal Form
Consumer Protection Section

RECEIVED

Specialist Name	
1	

OCT 1 0 2019

Consumer Informal Complaint Form

WASH. UT. & P. COMM Consumer Protection Section

P.O. Box 47250

Olympia, WA 98504-7250

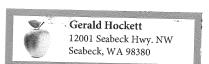
Statewide Toll-Free: 1-888-333-WUTC (9882)

Fax: 360-664-4291

Hearing Impaired Toll-Free - TTY: 1-800-416-5289

CONSUMER INFORMATION
Name on Account: \mathcal{N}/\mathcal{A}
Your Name: Holkett Gevald Middle Initial (Please Print or Type) Last First Middle Initial
Service Address: 1200 Seabeck Hwg. NW
City: Seabeek County: KITSAP State: WA Zip: 98380
Cell Phone: 360-509-1423 E-mail: JChockett Warvecalle, Phone: Home: () More Day/Work: () MA
Phone: Home: () Mone Day/Work: () MA
Mailing address if different than service address:
Address:
City: State: Zip:
UTILITY OR TRANSPORTATION COMPANY INFORMATION
Name of Company your complaint is against: Waste Manygement
Address: 8843 Dicky Rd. NW.
City: Silverbale State: WA Zip: 98383
Your Account Number:
Complaint Type: Residential 🖾 Business 🔲

9/24/19 302. PM About Your Complaint
Please explain your complaint in detail (use additional pages if necessary):
I called Waste Management to Regnest drive in Service
because I am 75 + cannot Handle The 50 gol, container
agent alexandra told me dworld first Need to Signey to
curb service and then they would see if it could be
Authorised. On 10/2/19 at Talked to Sepervesor Ryon at WMan
he told me That it was unlikely to soulde prive in Server
Total amount of the charges you are disputing \$: 4/4
Total amount of the charges you are disputing \$: 1/4
Have you tried to resolve the dispute with your utility or transportation company? Yes No No If yes, what was the result?
wm Supervisor Ryon Said it was Highly unlikely that
the superior of the superior o
They can provide drive in Service due to my
Long, ranow, Steep Winding driveway
What do you think the assumption should do to receive your complaint?
What do you think the company should do to resolve your complaint?
They would need to buy Much Smaller Trucks to
Navigate The driveways out Here!
SIGNATURE
In filing this complaint with the Washington Utilities and Transportation Commission you are stating that the information you are providing is true to the best of your knowledge.
Note: Please be aware that the information you submit using this form is a public record. You may request that your personal information (name, address, telephone number, etc.) not be included in public records
requests.
Steral a HaseTT 10/1/2019
Signature Date



TEADOMA WE SEE OLYMFIA WE XX XXII 2010 PM2 L



UTC Woodland Square LoopSE, WACY, WA 98503

Control of the Contro

Specialist Name	

Consumer Informal Complaint Form Washington State Utilities and Transportation Commission RECEIVED

P.O. Box 47250

OCT 03 2019

WASH. UT. & TP. COMM

Olympia, WA 98504-7250 Statewide Toll-Free: 1-888-333-WUTC (9882)

Fax: 360-664-4291

Hearing Impaired Toll-Free - TTY: 1-800-416-5289

CO	NSUMER INFORMATIO	N
Name on Account:		
Your Name: Kirjaell	Evenn	N. 111 Y. 112 1
(Please Print or Type) Last Service Address: 11292 NW	First Quiet Waters W	Middle Initial
City: Seakeck		State: <u>WA</u> Zip: <u>98380</u>

About Your Complaint
Please explain your complaint in detail (use additional pages if necessary):
I called WM. to request drive-in-home pickupservice-as!
Ive 14 mile from Seabeck Huy- the usual pick service.
I was told wall would investigate whether they can
provide service to our home. (I called and spake with
Yvetle.R. at 11:50 on 25 September, she said a site survey
would be conducted) I have not received any further informat
Total amount of the charges you are disputing \$: NA
Total unloant of the onarges you are dispatched to
Have you tried to resolve the dispute with your utility or transportation company? Yes No If yes, what was the result?
As above
What do you think the company should do to resolve your complaint?
Either provide the service needed by residents
like on family - or allow other service providers to
provide Mel dod servicés.
CICNIATIDE
SIGNATURE In filing this complaint with the Washington Utilities and Transportation Commission you are stating that the
information you are providing is true to the best of your knowledge.
Note: Please be aware that the information you submit using this form is a public record. You may request that your personal information (name, address, telephone number, etc.) not be included in public records requests.
Grann Suiaell 30 Sep 2019 Signature Date
OIBIIIII DIII

Kiriaell Po Box 596 Keyport, WA 28345

TACOMA WA 255 CIVALPIA WA I

Consumer Informal Complaint Form
Washington State Utilities & Transportation
Corn Mission
Consumer Protection Section
PO Box 47250
Olympia, WA. 98504.7250

COMMISSION

 From:
 Cupp, John (UTC)

 To:
 UTC DL Records Center

Subject: Comment on TG-181023, please post

Date: Wednesday, October 9, 2019 4:05:42 PM

Attachments: <u>image001.png</u>

From: James Poole

Superior provides better service and will come right down to my home and grab all my garbage and not ask for any additional information. He will not charge 5 times the amount Waste Management does and his cans are larger. Feels like we have a monopoly with Waste Management and they can dictate what they want to charge and does not seem to be correct. It is very frustrating because they are using the laws of the state but is still a hardship on the customers.

John Cupp

Regulatory Analyst, Consumer Protection (360) 664-1113 Office john.cupp@utc.wa.gov www.utc.wa.gov

In July 2019, the commission moved from Olympia to Lacey. Our new offices are located at 621 Woodland Square Loop.



This email/letter states the informal opinions of commission staff, offered as technical assistance, and are not intended as legal advice. We reserve the right to amend these opinions should circumstances change or additional information be brought to our attention. Staff's opinions are not binding on the commission.

RECEIVED

OCT 03 2019

Specialist Name **EYAN**

WASH. UT. & TP. COMMonsumer Informal Complaint Form SH. UT. & TP. COMM Consumer Informal Complaint Form -5 UPERVISOR Washington State Utilities and Transportation Commission AT W. M.

Consumer Protection Section

P.O. Box 47250

Olympia, WA 98504-7250

Statewide Toll-Free: 1-888-333-WUTC (9882)

Fax: 360-664-4291

Hearing Impaired Toll-Free - TTY: 1-800-416-5289

CONSUMER INFORMATION
Name on Account: NA
Your Name: SCHNUIT KURT F
(Please Print or Type) Last First Middle Initial
Service Address: 12990 SEABECK HWY NW
City: SEABECK County: KNSA? State: WA Zip: 98380
Cell Phone: 360.710.936 E-mail: 10 binand Kurt Quavecable.com
Phone: Home: ()
Mailing address if different than service address:
Address:
City: State: Zip:
UTILITY OR TRANSPORTATION COMPANY INFORMATION
Name of Company your complaint is against: WASTE WANAGEMENT
Address: 2625 w Grand v. cw RD.
City: Phoenix State: AZ Zip: 85023
Your Account Number: NA
Complaint Type: Residential Business

About Your Complaint
Please explain your complaint in detail (use additional pages if necessary):
I have an injury that inhibits me from getting my TRASH
cans up my Driveway. I asked if there was a service that
included coming down to the house to get my cans.
wm was unwilling and unable to meet my need.
Total amount of the charges you are disputing \$:
Have you tried to resolve the dispute with your utility or transportation company? Yes No If yes, what was the result?
I called back to talk to a Supervisor. The supervisor (RYAN) Said their trucks, to the size do not come downdriventy
and that the workers cannot go over 100 feet away from
the truck, or out of its sight.
What do you think the company should do to resolve your complaint?
Myself, and my community is in need of a
Service that would be able to reach folks down rural
drive ways who need ball disposing of trash.
Maybe they could get 5 mall trucks.
SIGNATURE
In filing this complaint with the Washington Utilities and Transportation Commission you are stating that the information you are providing is true to the best of your knowledge.
Note: Please be aware that the information you submit using this form is a public record. You may request that your personal information (name, address, telephone number, etc.) not be included in public records requests.
275EPT 19
Signature Date

specialist Name Ryan

rm Supervisorat

Consumer Informal Complaint Form Washington State Utilities and Transportation Commission WM-

Consumer Protection Section

P.O. Box 47250

Olympia, WA 98504-7250

Statewide Toll-Free: 1-888-333-WUTC (9882)

Fax: 360-664-4291

Hearing Impaired Toll-Free - TTY: 1-800-416-5289

CONSUM	ER INFORMATION
Name on Account: NA	
Your Name: \$Schnuit. Do	lores A.
(Please Print or Type) Last	First Middle Initial
Service Address: 13000 Seabeck Hy	/
City: <u>Seabeck</u> Coun	ty: <u>Kitsap</u> State: <u>WA</u> , Zip: <u>98380</u>
Cell Phone: MA	E-mail: dove awave cable, com
Phone: Home: (360) 830-5975	Day/Work: () <u> </u>
Mailing address if different than service address:	
Address:	
City:	State: Zip:
	ATION COMPANY INFORMATION
Name of Company your complaint is against: _ W	ASTE MANAGEMENT
Address: 2625 W. Grandview /	Road
City: Phoenix State	:_AZ zip:_85023
Your Account Number: MA	
Complaint Type: Residential 🗹 Busin	ness 🔲

About Your Complaint
Please explain your complaint in detail (use additional pages if necessary):
I am an elderly lady of 9) yrs with severe arthritis in
my wints and back, I must use a cane when I walk.
I cannot possibly take my track cans up my very steep
and slippery driveway to the highway. WM is unwilling and
unable to meet my need of coming down to my house to take
the cans to the truck.
Total amount of the charges you are disputing \$:
Have you tried to resolve the dispute with your utility or transportation company? Yes No If yes, what was the result?
a WM supervisor named Byan was contacted. His answer was
their trucks were too large to go down driveway and that the workers cannot go over 100ft away from the truck or
the workers cannot go over 100ft away from the truck or
out of sight of the wehicle
What do you think the company should do to resolve your complaint?
I am sure clam not the only handicapped person in my
community that is in need of a trash service that would meet
their needs. We are rural and many drive ways are hilly and long.
Perhaps WM could acquire smaller trucks to accommodate our situation.
SIGNATURE
In filing this complaint with the Washington Utilities and Transportation Commission you are stating that the information you are providing is true to the best of your knowledge.
Note: Please be aware that the information you submit using this form is a public record. You may request that your personal information (name, address, telephone number, etc.) not be included in public records requests.
Dolores a. Sohmuit Sept. 27, 2019
Signature Date '
☐ Check here if you would you like to receive UTC Connections our periodical consumer newsletter.

2

August 2009 CA-505-6

Nort schnuit 12990 seabers they DW Seased WA 98380

TACIDMA WA SES OLYMPIA WA W SEP 2010 PM 4 1



N.U.T.C. P.O. Box 47250 Olympia, WA 98504-7250

				A Section 1
	Washington State Co	mer Informal Complaint Utilities and Transportation Set P.O. Box 47250 (Jymps, WA 98504-725) E Toll-Prec 1-888-33-W. Fact 360-664-4291 paired Toll-Prec - TTY 1-200-05, Magozz Web site	rtstion Commissio rtien o rrc (9882)	
		ONSUMER INFORMAT	ION .	
Name on Acc	BOADA	Bonny Cart Wealt	s) o so A Co. Mart o c A Middle Init	nable Por needs
Service Addre				
City,		County	Sinie: 3	Zip:
Call Phone: 2		[Jupp/West]	e()_ <u>5am</u>	**************************************
	<u>1_532.PAE</u> Jagferon than arvice i		T I	
iddress:			31e 23	F
vi	ILITY OR TRANS	PORTATION COMP	ANY INFORMA	TION
ne of Company	your complaint is again	w Waste	Manag	Ement
rest: <u>13</u> 0	0 SW 1	barney W	hite R	ad _
Bern	erton	State: W.A. 2	<u> </u>	
Account Num	er Do occe	t & dropp	EDUIANT	. meet
				i n

Constaint.
About Your Complaint
ise explain your complaint in dotail (use additional pages if necessary):
my Waste Managoment representitive
USE C VAVIA DOLLIS VILLE VALABADA
For a way to provide usy with Home
Erra way to provide a spinal co
LIVE ACAGE CIVALE TO BE
il amount of the charges you are disputings: that the wild by sorvice con it is a sorviced to the charges you are disputings: that the wild by sorviced to the charges you are disputings:
amount of the charges you are disputing signature of the charges you are disputed by the charges yo
you tried to resolve the dispute with your utility or transportation company
s, what was the result?
After checking our small winding
oad on good & Mans their repres
soved me Wast Management con
of provide us the needed service w
an receive from superior waste
an receive from Superior Waste of do you think the company should do to resolve your complaint? Reac
STOP Superior Waster Blocki
operior Waste & Recycling from
elivacina bardli
elivering bedly needed service
this community.
and columnia 1
SIGNATURE
g this complaint with the Washington Htilities and The
ation you are providing is true to the best of your knowledge.
Please be aware that the information
Please be aware that the information you submit using this form is a public record. You may represent information (name, address, telephone number, etc.) not be included in public record.
Please do not release our personal in
Halle Kerney

Consumer Informal Complaint Form Washington State Utilities and Transportation Commission Consumer Protection Section

P.O. Box 47250

Olympia, WA 98504-7250

Statewide Toll-Free: 1-888-333-WUTC (9882)

Fax: 360-664-4291

Hearing Impaired Toll-Free - TTY: 1-800-416-5289

E-mail: <u>consumer@wutc.wa.gov</u> Web site: <u>www.wutc.wa.gov</u>

COI	NSUMER INFO	RMATION		
Name on Account: Novem Fit	zwater			
Your Name: fitzwater (Please Print or Type) Last	Noree First	h	Middle I	
Service Address: 12289 Sea be			- MARTINE	
City: Seabeck	•		State:Wa,	Zip: <u>98 380</u>
Cell Phone:				
Phone: Home: (360) <u>830 — 0</u>				1
Mailing address if different than service a				1
Address:				
City:			Zi	p:
UTILITY OR TRANS	PORTATION (COMPANY	INFORMAT	ION
Name of Company your complaint is again	st: Waste /	Nanag	iement	
Address:				
City:Your Account Number:	State:	Zip:	·	
Complaint Type: Residential	Business			

About Your Complaint
Please explain your complaint in detail (use additional pages if necessary):
I live up a 600' hill away From the Seaberk Huy
where the cans are to be placed, Fam 88 3 415016
withe use of only one arm. I amphysically unable
to have cans to the highway, WM does not come up
my drive to provide me with service. Superior waste
and vecycle would be this if allowed. I need them!
Total amount of the charges you are disputing \$:
Have you tried to resolve the dispute with your utility or transportation company? Yes No If yes, what was the result?
when I initially contacted them they told in
when I initially contacted them they told in e they would only provide Service from the
Scabeck highway location, not up my driveway.
What do you think the company should do to resolve your complaint?
began servicing drive ways and side roads or stay
out of the way of companies that can provide
service to the handicapped.
SIGNATURE
In filing this complaint with the Washington Utilities and Transportation Commission you are stating that the information you are providing is true to the best of your knowledge.
information you are providing is true to the best of your knowledge.
Note: Please be aware that the information you submit using this form is a public record. You may request
that your personal information (name, address, telephone number, etc.) not be included in public records requests.
Moreen Fitzwates 9-27-19 Signature Date
Signature Date

F

Noreen Fitzwater 12289 Seabeck Hwy NW Seabeck WA 98380

TALLIMA WA SES CHIMPIN WA CHIMPIN WA



Wa. Hility & Trans Commission 621 Woodland Square Lorgo 580 Lazer Wa. 98503

98503-103659

վիոններիրը անդենի թիրելուի ունոյի ունոյի այն այ