

CHANNEL RIGHT-OF-WAY CLEARING SERVICES – SOUTH AREA (2012-AN007)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, MARCH 21, 2012
WALK-THROUGH

Please print clearly and leave your business card.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>CHRYSTLE LANDSCAPE</u> Company Name	<u>CHARLES BRADY</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Chrysalis Enterprises</u> Company Name	<u>Sabrina Torajan</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Rancho Tree Services</u> Company Name	<u>Jose Belacruz</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Intentional Environmental</u> Company Name	<u>Huis Adams</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>CCRP</u> Company Name	<u>FORMAN</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Perry Tree Service Inc</u> Company Name	<u>JOE PERIN</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Name of Parent Company (if Applicable)	Title	E-Mail Address: _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>United Pacific Services</u> Company Name	<u>Leo Ramirez</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>Minard America Corporation</u> Company Name	<u>Brianne Bentancos</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>D313. Nica construction</u> Name of Parent Company (if Applicable)	<u>ALAN SIF-AC</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>ENVIRONMENTAL CONSTRUCTION, INC.</u> Company Name	<u>ALAN SIF-AC</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>Trimming Land Company</u> Company Name	<u>Rafael Garcia</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>FLORENZ DDL AC U</u> Company Name	<u>DAVID DAXX</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Westernland Equipment Company Name Name of Parent Company (if Applicable)	Michael J. J... Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
San America Builders Company Name Name of Parent Company (if Applicable)	David L... Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Zero Excavation Inc. Company Name Name of Parent Company (if Applicable)	SEPERE ROBERTA Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
MAPS LANDSCAPES INC Company Name Name of Parent Company (if Applicable)	MICHAEL LOPEZ Attendee's Name TREE DIV. SUPERVISOR / ARBORIST Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
American Heritage Landscape Company Name Name of Parent Company (if Applicable)	WILL NIBBY Attendee's Name Area Manager Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>BJD Resources</u> Company Name	<u>MICHAEL FIZZOLO</u> Attendee's Name <u>DIRECTOR</u> Title	 Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>VENO WESTERN</u> Company Name	<u>Rob Auer</u> Attendee's Name <u>Business Developer</u> Title	 Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Thomson's Tree Service</u> Company Name	<u>HEENA ACATION</u> Attendee's Name <u>ESTIMATOR</u> Title	 Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Name of Parent Company (if Applicable)	Attendee's Name	 Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Company Name	Attendee's Name	 Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
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CLEAN STREET Company Name Name of Parent Company (if Applicable)	GILBERT PEREZ Attendee's Name Field Supervisor Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
OBZOR Landscape & Tree Company Name Name of Parent Company (if Applicable)	Robert Cisneros Attendee's Name Survey Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Core Jo West Land Company Name Name of Parent Company (if Applicable)	Wagner, J. J. Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Ear East Landscape Company Name Name of Parent Company (if Applicable)	Tony M. Don Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____