

**PROPOSERS' CONFERENCE**  
**LARGE WATER METER MAINTENANCE PROGRAM (2018-AN018)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**WEDNESDAY, MARCH 21, 2018, AT 2 P.M., CONFERENCE ROOM D**

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Vestery Meter</u> Company Name	<u>Lawe Matsuo</u> Attendee's Name <u>Lawe</u> Title	Mailing Address: <u>403 E. CAARD</u> City: <u>COMBUD</u> State: <u>CA</u> Zip: <u>90012</u> Telephone Number: <u>(310) 637-5000</u> FAX: <u>( )</u> E-Mail Address: <u>LMATSUO@FOR.COM</u>
<u>TE Roberts</u> Company Name	<u>David Jacobs</u> Attendee's Name <u>Assistant Estimator</u> Title	Mailing Address: <u>3016 W KATILLA, suite B</u> City: <u>Orange</u> State: <u>CA</u> Zip: <u>92867</u> Telephone Number: <u>(714) 669-0072</u> FAX: <u>(714) 200-0241</u> E-Mail Address: <u>Estimating@teroberts.com</u>
Company Name Name of Parent Company (if Applicable)	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:
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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Taylor Meter Technologies Company Name	Cory Taylor Attendee's Name Owner Title	Mailing Address: 2833 Windsor Forrest Ct City: Atlanta State: GA Zip: 30349 Telephone Number: (901) 462-6129 FAX: ( ) E-Mail Address: Cory+901@gmail.com
Taylor Meter Technologies Company Name	Dailaizade Roberts Attendee's Name CO-Owner Title	Mailing Address: 2833 Windsor Forrest Ct City: Atlanta State: GA Zip: 30349 Telephone Number: (901) 462-6129 FAX: ( ) E-Mail Address: Cory+901@gmail.com
Company Name	Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
Company Name	Attendee's Name 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
<i>American Pipeline Services</i> <small>Company Name</small>	<i>Richard Craig</i> <small>Attendee's Name</small> <i>President</i> <small>Title</small>	Mailing Address: <i>PO Box 1931</i> City: <i>Monrovia</i> State: <i>CA</i> Zip: <i>91017</i> Telephone Number: <i>(877) 358-8412</i> FAX: ( ) E-Mail Address: <i>RCraig@Americanpipelineservices.com</i>
<small>Name of Parent Company (if Applicable)</small>  <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
<small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
<small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
<small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____