PROPOSERS' CONFERENCE
ON-CALL HEATING, VENTILATION, AIR CONDITIONING, AND WATER TREATMENT MAINTENANCE SERVICES AT PUBLIC WORKS HEADQUARTERS (BRC0000397)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
TUESDAY, AUGUST 15, 2023, AT 9 A.M., CONFERENCE ROOM C

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
EMCOR Company Name Mesa Energy Systems Name of Parent Company (if Applicable)	Ali Badiee Attendee's Name Engineer Title	Mailing Address: 2 Cromwell City: Irvine State: CA Zip: 92618 Telephone Number: (949) 433-8853 FAX: (-) E-Mail Address: abadiee@emcor.net
Emcor Company Name Mesa Energy Sys. Name of Parent Company (if Applicable)	James Kish Attendee's Name Sales. Title	Mailing Address: 2 Cromwell City: Irvine State: CA Zip: 92618. Telephone Number: (949) 714-423-2313 FAX: ( ) E-Mail Address: James-Kish@emcor.net
McClosky Mechanical Company Name Name of Parent Company (if Applicable)	David Stolmon Attendee's Name Director of Operations Title	Mailing Address: 1025 W. 190th Ste. 125 City: Gardena State: CA Zip: 90248 Telephone Number: 310 262-4442 FAX: ( ) E-Mail Address: DStolmon@mccloskey.com
Energy Options Company Name Name of Parent Company (if Applicable)	Frank Lopez Attendee's Name Title	Mailing Address: 7720 Maddison st City: Paramount State: CA Zip: ____ Telephone Number: (562) 454-6231 FAX: ( ) E-Mail Address: frank@parisiteam.com
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: ____ City: ____ State: ____ Zip: ____ Telephone Number: ( ) ____ FAX: ( ) E-Mail Address:

Walk-Through 10:05

~~PROPOSERS' CONFERENCE~~

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Mesa Energy Systems Company Name EMCOR Name of Parent Company (if Applicable)	Ali Badiee Attendee's Name Engineer Title	Mailing Address: 2 Cromwell City: Irvine State: CA Zip: 92618 Telephone Number: (949) 453 8853 FAX: ( ) E-Mail Address: abadieee@emcor.net
McCLURKEY MECHANICAL Company Name Name of Parent Company (if Applicable)	DAVID SIMONON Attendee's Name DIRECTOR OF OPERATIONS Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
Mesa Energy Company Name EMCOR Name of Parent Company (if Applicable)	James Kisiff Attendee's Name Sales 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:
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address: