

**PROPOSERS' CONFERENCE**  
**AS-NEEDED LEAK DETECTION PROGRAM (2014-AN021)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**WEDNESDAY, JUNE 25, 2014, AT 2 P.M., CONFERENCE ROOM B**

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>Utility Services Associates</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Thomas Ruppenthal</u> <small>Attendee's Name</small> <hr/> <u>VP Operations</u> <small>Title</small>	Mailing Address: <u>919 SW 150<sup>th</sup> St</u> City: <u>Burien</u> State: <u>WA</u> Zip: <u>98166</u> Telephone Number: <u>206-409-8066</u> FAX: ( ) <u>N/A</u> E-Mail Address: <u>tom.ruppenthal@usaleaksllc.com</u>
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) _____ FAX: ( ) _____ E-Mail Address: _____
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