PROPOSERS' CONFERENCE
ZERO-TOLERANCE GRAFFITI ABATEMENT SERVICES (2012-PA008)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(WEDNESDAY, JANUARY 4, 2012), AT 9:30 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
CLEAN STREET Company Name Name of Parent Company (if Applicable)	GILBERT PEREZ Attendee's Name Field SUPERVISOR Title	Mailing Address: 1937 W. 169 th st City: GARDENA State: CA Zip: 90247 Telephone Number: (800) 2257316 FAX: (310) 538 8015 E-Mail Address: GPerez@CleanStreet.com
C T GEORGIOU PAINTING CO., Company Name Name of Parent Company (if Applicable)	HIEP VO Attendee's Name ESTIMATOR Title	Mailing Address: 433 LECOUVREUR AVE. City: WILMINGTON State: CA Zip: 90744 Telephone Number: (310) 834 8015 FAX: (310) 834 1660 E-Mail Address: hiep@ctgeorgiou.com
GANG ALTERNATIVES PROGRAM Company Name Name of Parent Company (if Applicable)	JUAN TORRES Attendee's Name Director of Administration Title	Mailing Address: 309 W. OPP ST City: Wilmington State: CA Zip: 90744 Telephone Number: (310) 519-7233 FAX: ( ) E-Mail Address: Juan.torres@gangfree.org
Urban Graffiti Ents Company Name Name of Parent Company (if Applicable)	Maria Gutierrez Attendee's Name Title	Mailing Address: P.O. Box 2383 City: Covina State: CA Zip: 91722 Telephone Number: (626) 8154900 FAX: (626) 8154499 E-Mail Address: Maria@urbangraffiti.com
Urban Graffiti Ents Company Name Name of Parent Company (if Applicable)	Juan Ramos Attendee's Name President Title	Mailing Address: P.O. Box 2383 City: Covina State: CA Zip: 91722 Telephone Number: (626) 815 4900 FAX: (626) 815 4499 E-Mail Address: Maria@urbangraffiti.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
SureTeck INC Company Name Name of Parent Company (if Applicable)	Fred Garcia Attendee's Name Quality Control Manager Title	Mailing Address: 12375 Mills Ave. Unit # 7 City: Chino State: Ca Zip: 91710 Telephone Number: (909) 972-3492 FAX: ( ) E-Mail Address: fred.garcia60@yahoo.com
Graffiti Control System Company Name Name of Parent Company (if Applicable)	JOSH WOODS Attendee's Name MGR Title	Mailing Address: 7260 Atoll Ave City: N. Hollywood State: CA Zip: 91605 Telephone Number: (818) 503-8240 FAX: (818) 764-2516 E-Mail Address: JWOODS@GRAFFITICONTROL.COM
SJA PAINTING Company Name Name of Parent Company (if Applicable)	STEVEN ALTAMIRANO Attendee's Name OWNER Title	Mailing Address: 24149 DEL MONTE DR # 302 City: VALENCIA State: CA Zip: 91355 Telephone Number: (818) 381 1058 FAX: (661) 2510702 E-Mail Address: SJAPAINTING@GMAIL.COM
SURETICK INC Company Name Name of Parent Company (if Applicable)	DOLORES MARTINEZ Attendee's Name OFFICE MANAGER Title	Mailing Address: 860 E COTTONWOOD ST City: ONTARIO State: CA Zip: 91761 Telephone Number: (951) 529-0279 FAX: (909) 773-0284 E-Mail Address: SURETICK INC@ATT.COM
SUPERIOR PROPERTY Company Name Name of Parent Company (if Applicable)	RON BRUNECK Attendee's Name Title	Mailing Address: 9129 PERKINS ST. City: Pico Rivera State: CA Zip: 90660 Telephone Number: (562) 801-9200 FAX: (562) 801-9230 E-Mail Address: RON@4SUPERIOR.COM

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
GANG ALTERNATIVES PROG Company Name Name of Parent Company (if Applicable)	Mario Martinez Attendee's Name CCU DIRECTOR Title	Mailing Address: 309 W. OPP St. City: Wilmington State: CA Zip: 90744 Telephone Number: (310) 519 7233 FAX: (310) 519 8730 E-Mail Address: mariomartinez@gangalt.org
[illegible] Company Name Graffiti Protective Coating Name of Parent Company (if Applicable)	Letty Leo Attendee's Name [redacted] Manager Title	Mailing Address: 419 N. Larchmont Blvd #264 City: Los Angeles State: CA Zip: 90004 Telephone Number: (323) 464-4472 FAX: (323) 656-3579 E-Mail Address: NINAEPCLA6@yahoo.com
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:
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
Coalition for Responsible Community Development Company Name CRCD Name of Parent Company (if Applicable)	Shannon Ellis Attendee's Name Director of Social Ventures Title	Mailing Address: 3101 S. Grand Ave City: LA State: CA Zip: 90007 Telephone Number: (213) 743-8741 FAX: (213) 743-6798 E-Mail Address: sellis@coalitionrcd.org
Gang Alternatives Program Company Name Name of Parent Company (if Applicable)	SueAnn B. Abeng Attendee's Name Public Affairs Offcr. Title	Mailing Address: 309 W. Opp Street City: WILMINGTON State: CA Zip: 90744 Telephone Number: (310) 519 7233 FAX: (310) 519 8730 E-Mail Address: suannabeng@gangfree.org
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:
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address: