PROPOSERS' CONFERENCE
MAINTENANCE PROGRAM FOR NONADVERTISING BUS STOP AMENITIES – SOUTH COUNTY (2015-PA014)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, MAY 28, 2015, AT 2 P.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Suretek INC Company Name Name of Parent Company (if Applicable)	Dolores Martinez Attendee's Name Manager Title	Mailing Address: 860 E Cottonwood St City: Ontario State: Ca. Zip: 91761 Telephone Number: (951) 529-0279 FAX: ( ) E-Mail Address: Dolores@Suretek.com
SURETEK INC Company Name Name of Parent Company (if Applicable)	MICHAEL MARTINEZ Attendee's Name OFFICE ADMIN/ DISPATCH Title	Mailing Address: 10742 Central Ave Unit A City: Ontario State: CA Zip: 91762 Telephone Number: (909) 532-4149 FAX: ( ) E-Mail Address: dispatch@suretek.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:
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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
SHELTERCLEAN SERVICE, INC. Company Name Name of Parent Company (if Applicable)	ALAN MUDGE Attendee's Name GENERAL MANAGER Title	Mailing Address: 11065 PENROSE ST. City: SUN VALLEY State: CA Zip: 91352 Telephone Number: (818) 767-9162 FAX: (818) 767-9162 E-Mail Address: AMUDGE@SHELTERCLEAN.COM
SHELTERCLEAN SERVICES Company Name Name of Parent Company (if Applicable)	RAFAEL MENDEZ Attendee's Name OPERATIONS MANAGER Title	Mailing Address: 2475 LEMON AVE City: SIGNAL HILL State: CA Zip: 90755 Telephone Number: (562) 595 6166 FAX: (562) 595-6196 E-Mail Address: rmendez@shelterclean.com
SureTech Company Name Name of Parent Company (if Applicable)	Rita Wong Attendee's Name Title	Mailing Address: 10742 Central Ave - Unit H City: Ontario State: CA Zip: 91702 Telephone Number: (951) 809-3373 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: