

WALKTHROUGH
ON-CALL ELECTRICAL/MECHANICAL MAINTENANCE AND INSPECTION SERVICES FOR
SAN GABRIEL DAM HYDROELECTRIC PROJECT (BRC0000422/425)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, JUNE 29, 2023, AT 10 A.M., SAN GABRIEL DAM – CONTROL HOUSE

Please print clearly and leave your business card.

Page 1 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Turbine PROs</u> Company Name	<u>William Morgan</u> Attendee's Name	Mailing Address: <u>910 Greengside Rd</u> City: <u>Chattanooga</u> State: <u>TN</u> Zip: <u>37406</u> Telephone Number: <u>669-1751</u> FAX: () E-Mail Address: <u>bmorgan@turbinepros.com</u>
<u>TURBINE PROs</u> Company Name	<u>GEORGE FOLEY</u> Attendee's Name	Mailing Address: () City: () State: () Zip: () Telephone Number: <u>(466) 381-7634</u> FAX: () E-Mail Address: <u>G.FOLEY@TURBINEPROS.COM</u>
<u>VISTAM, Inc.</u> Company Name	<u>Ivan Fronda</u> Attendee's Name	Mailing Address: <u>2375 Walnut Ave</u> City: <u>Signal Hill</u> State: <u>CA</u> Zip: <u>90785</u> Telephone Number: <u>(562) 912 7779</u> FAX: () E-Mail Address: <u>Sales @ Vistam.com</u>
<u>Sofa Electric</u> Company Name	<u>Dylan Toso</u> Attendee's Name	Mailing Address: <u>5901 Corvette St.</u> City: <u>Commerce</u> State: <u>CA</u> Zip: <u>90040</u> Telephone Number: <u>(323) 728-0200</u> FAX: <u>(323) 558-7088</u> E-Mail Address: <u>Sales @ sofaelectric.com</u>
<u>ETHUS ENERGY</u> Company Name	<u>Jorge Salinas</u> Attendee's Name	Mailing Address: <u>10455 SLESTER DRIVE</u> City: <u>SMITH RIVER SPRINGS</u> State: <u>CA</u> Zip: <u>95672</u> Telephone Number: <u>(951) 316-7473</u> FAX: () E-Mail Address: <u>Jorge.Salinas@ETHUS ENERGY .com</u>

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FLUPTK ELECTRIC Company Name Name of Parent Company (if Applicable)	CHRIS NARANJO Attendee's Name OWNER Title	Mailing Address: 6771 WATNER AVE #2031 City: HUNTINGTON BEACH State: CA Zip: 92651 Telephone Number: 714 728-1452 FAX: () E-Mail Address: Chris@fieldhawkelectric.com
LEED ELECTRIC Company Name Name of Parent Company (if Applicable)	SERGIO HERNANDEZ Attendee's Name FOREMAN Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: Sergio@LEED-ELECTRIC.COM
LEED ELECTRIC Company Name Name of Parent Company (if Applicable)	MAICO AVILA Attendee's Name PROJECT MANAGER Title	Mailing Address: 13138 ARCTIC CIRCLE City: SANTA FE SPRINGS State: CA Zip: 90670 Telephone Number: (562) 405 0103 FAX: () E-Mail Address: MAICO@LEED-ELECTRIC.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: _____