

TRASH-FREE CHANNEL SERVICES - SOUTH AREA (2012-AN011)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
TUESDAY, JANUARY 24, 2012
WALK-THROUGH

Please print clearly and leave your business card.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/E-MAIL ADDRESSES & PHONE/FAX NUMBERS
<u>FRY ELLERBORN</u> Company Name	<u>STEVE ZITKE</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (____) _____ FAX: (____) _____
<u>WHELAN & WILLIAMS</u> Company Name <u>CONSULTANTS</u>	<u>RON BLACKBURN</u> Attendee's Name <u>WALK</u>	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (____) _____ FAX: (____) _____
<u>LAIRING AMERICA</u> Company Name	<u>Deborah Potter</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (____) _____ FAX: (____) _____
Name of Parent Company (if Applicable) _____ Company Name _____	Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (____) _____ FAX: (____) _____
Name of Parent Company (if Applicable) _____ Company Name _____	Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (____) _____ FAX: (____) _____
Name of Parent Company (if Applicable) _____ Company Name _____	Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (____) _____ FAX: (____) _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/E-MAIL ADDRESSES & PHONE/FAX NUMBERS
<u>Chrysobis Enterprises</u> Company Name	<u>Sabrina Terzian</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
<u>Republic Svc</u> Company Name	<u>Alex Mejia</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
<u>ORVILLE CARROLL</u> Company Name	<u>DEANNO DENNIS</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
<u>SUPRECK INC</u> Company Name	<u>GILBERT PEREZ</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
Name of Parent Company (if Applicable) _____ Company Name	Title _____ Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/E-MAIL ADDRESSES & PHONE/FAX NUMBERS
<i>Crown Disposal Co Inc</i> Company Name	<i>Tony Prieta</i> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
<i>Consolidated Disposal</i> Company Name	<i>Sam Haze</i> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
<i>Republic Services</i> Name of Parent Company (if Applicable)	Title _____ Attendee's Name _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
<i>Waste Management</i> Company Name	<i>JOY WOOD</i> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
<i>UNITED Pacific Ser.</i> Company Name	<i>COUS FRANKLIN</i> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
Name of Parent Company (if Applicable) _____ Name of Parent Company (if Applicable) _____	Title _____ Attendee's Name _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____
Company Name _____ Name of Parent Company (if Applicable) _____	Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ E-Mail: _____ Telephone Number: (_____) _____ FAX: (_____) _____