

Initials on the far left side of each Company Name indicates Walk-Through attended.

Indicates Walk-Through attended.

PROPOSERS' CONFERENCE
FIRE ALARM AND FIRE SPRINKLER SERVICES AT PUBLIC WORKS HEADQUARTERS (2016-AN012)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
TUESDAY, NOVEMBER 22, 2016, AT 2 P.M., CONFERENCE ROOM C

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
Omega Fire Protection Incorporated <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	Valerie Serrano <small>Attendee's Name</small> <hr/> contract administrator <small>Title</small>	Mailing Address: Valerie @ omega.fpi.com City: Duarte State: CA Zip: 91010 Telephone Number: (626) 930-9212 FAX: (909) 592-1670 E-Mail Address: 1191 Huntington Drive #354
Chariot Fire & Electric <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	Erubey Herrera <small>Attendee's Name</small> <hr/> President <small>Title</small>	Mailing Address: 11867 POES. ST. City: ANAHEIM State: CA Zip: 92804 Telephone Number: (562) 896-5382 FAX: () E-Mail Address: Erubey@ChariotFP.com
_____ <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	_____ <small>Attendee's Name</small> <hr/> _____ <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
_____ <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	_____ <small>Attendee's Name</small> <hr/> _____ <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
_____ <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	_____ <small>Attendee's Name</small> <hr/> _____ <small>Title</small>	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
<div>Fire Sprinkler Installers</div> <div>Company Name</div> <div></div> <div>Name of Parent Company (if Applicable)</div>	<div>Manuel Salgado</div> <div>Attendee's Name</div> <div>Fire Sprinkler Designer</div> <div>Title</div>	<div>Mailing Address: 649 E. Edna Place</div> <div>City: Carina State: CA Zip: 91723</div> <div>Telephone Number: (626) 858-1823 FAX: (626) 339-8450</div> <div>E-Mail Address: FSI84@yahoo.com</div>
<div>MAJESTIC FIRE</div> <div>Company Name</div> <div></div> <div>Name of Parent Company (if Applicable)</div>	<div>LAREN DAMOLA</div> <div>Attendee's Name</div> <div>OPERATIONS MANAGER</div> <div>Title</div>	<div>Mailing Address: 16134 VALERIO</div> <div>City: VAN NUYS State: CA Zip: 91304</div> <div>Telephone Number: (818) 501-4489 FAX: ()</div> <div>E-Mail Address: LAREN@MAJESTICFIRE.COM</div>
<div></div> <div>Company Name</div> <div></div> <div>Name of Parent Company (if Applicable)</div>	<div></div> <div>Attendee's Name</div> <div></div> <div>Title</div>	<div>Mailing Address:</div> <div>City: State: Zip:</div> <div>Telephone Number: () FAX: ()</div> <div>E-Mail Address:</div>
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