

PROPOSERS' WALKTHROUGH
AS-NEEDED EQUIPMENT CALIBRATION, MAINTENANCE, AND REPAIR (2014-AN028)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, JUNE 25, 2014, AT 9 A.M., ALCAZAR LAB

Please print clearly

Page 1 of 1

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Associated Calib</u> Company Name	<u>Jan Schwarz</u> Attendee's Name <u>V.P.</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Technical Assoc. Services</u> Company Name	<u>Terry Schwarz</u> Attendee's Name <u>Tech</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>A-CAC Associated Calib</u> Company Name	<u>Jan Schwarz</u> Attendee's Name <u>Plus</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
_____ Company Name	_____ Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
_____ Name of Parent Company (if Applicable)	_____ Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
_____ Company Name	_____ Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
_____ Name of Parent Company (if Applicable)	_____ Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____