

**PROPOSERS' CONFERENCE**  
**INSURANCE PROCESSING ADMINISTRATIVE ASSISTANCE FOR THE WOOLSEY FIRE DISASTER**  
**DEBRIS REMOVAL PROGRAM (BRC0000077)**  
**LOS ANGELES COUNTY PUBLIC WORKS**  
**THURSDAY, FEBRUARY 14, 2019, AT 1:00 P.M., CONFERENCE ROOM D**

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
COPPER CLAIMS SERVICES Company Name	HANSON PURICKAL Attendee's Name	Mailing Address: 200 SPECTRUM CTR DR #300 City: IRVINE State: CA Zip: 92618 Telephone Number: (800) 209 1874 FAX: (310) 765 2991 E-Mail Address: HPURICKAL@COPPERCLAIMS.COM
<del>COPPER CLAIMS SERVICES</del> Company Name	CHRISTINA JACKIE Attendee's Name	Mailing Address: 200 SPECTRUM CTR DR #300 City: IRVINE State: CA Zip: 92618 Telephone Number: (800) 209 1874 FAX: (310) 765 2991 E-Mail Address: CJACKIE@COPPERCLAIMS.COM
Tetra Tech Company Name	Lisa Danner Attendee's Name	Mailing Address: 2301 Lincoln Way Suite 120 City: Highland State: FL Zip: 33757 Telephone Number: (813) 441-8500 FAX: (813) 441-8501 E-Mail Address: lisa.danner@tetratech.com
Heartland Systems MGMT. Company Name	LARRY D COHN Attendee's Name	Mailing Address: 438 E. LOCUST AVE. Suite 130 City: OMAHA State: IA Zip: 68107 Telephone Number: (414) 992-3700 FAX: (414) 992-3730 E-Mail Address: LCOHN@HLSMG.BIZ
Name of Parent Company (if Applicable) Title	Name of Parent Company (if Applicable) Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:

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<u>Kforce</u> Company Name _____ Name of Parent Company (if Applicable) _____	<u>Alan Camarillo</u> Attendee's Name _____ Title _____	Mailing Address: <u>500 W. Brand Blvd Suite 600</u> City: <u>Glendale</u> State: <u>CA</u> Zip: <u>91203</u> Telephone Number: <u>(818) 808-1500</u> FAX: ( ) E-Mail Address: <u>acamarillo@kforce.com</u>
<u>Tetra Tech</u> Company Name _____ Name of Parent Company (if Applicable) _____	<u>Dana Smith</u> Attendee's Name _____ Title _____	Mailing Address: <u>21700 Copley Dr. Ste. 200</u> City: <u>Diamond Bar</u> State: <u>CA</u> Zip: <u>91765</u> Telephone Number: <u>(909) 800-7777</u> FAX: <u>(909) 396-9777</u> E-Mail Address: <u>dana.smith@tetratech.com</u>
_____ 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: _____
_____ Company Name _____ Name of Parent Company (if Applicable) _____	_____ Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____