CHANNEL RIGHT-OF-WAY CLEARING SERVICES – WEST AREA (2014-AN026)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, JUNE 2, 2014 AT 9:00 A.M.
PUBLIC WORKS HQ, CONFERENCE ROOM B

Please print clearly and leave two of your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
IEC Company Name Name of Parent Company (if Applicable)	Luis Arias Attendee's Name Title	Mailing Address: PO Box 4218 City: Panorama City State: CA Zip: 91412 Telephone Number: (818) 9410833 FAX: (818) 9970938 E-Mail Address: luis.arias@iecfreeos.com
Orozco Landscape Company Name Name of Parent Company (if Applicable)	Johnathan Orozco Attendee's Name Title	Mailing Address: 1419 S. East End ave City: Pomona State: CA Zip: 91766 Telephone Number: (909) 623 9277 FAX: (909) 469 0634 E-Mail Address: Carlos@Orozcolandscape.com
Trimming Land Company (TLC) Company Name Name of Parent Company (if Applicable)	Basilio Martinez Attendee's Name Vice President Title	Mailing Address: 10513 Dolores Ave City: South Gate State: CA Zip: 90280 Telephone Number: (323) 569-4498 FAX: (323) 569-3747 E-Mail Address: B.martinez@trimmingland.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:

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Conejo Crest Landscape Company Name Name of Parent Company (if Applicable)	Veronica Avila Attendee's Name Cust. Serv. Mgr Title	Mailing Address: 16435 Hart St City: Van Nuys State: CA Zip: 91406 Telephone Number: 818) 988-9696 FAX: 818) 988-9934 E-Mail Address: vavila@conejocrest.com
Mariposa Landscape Company Name Name of Parent Company (if Applicable)	Orlando Perez Attendee's Name Title	Mailing Address: 15529 Arrow Hwy City: Irwindale State: CA Zip: 91706 Telephone Number: (626) 890 0164 FAX: ( ) E-Mail Address: dennis@mariposa-ca.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:
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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
QUALITY FENCE CO. INC Company Name DNA Name of Parent Company (if Applicable)	SHAUN CAVANAUGH Attendee's Name OPERATIONS MGR. Title	Mailing Address: 4929 GARFIELD AVE City: PARAMOUNT State: CA Zip: 90723 Telephone Number: (800) 585-8525 FAX: (562) 869-7804 E-Mail Address: SHAUNATQUALITY@YAHOO.COM
DMA GREENCARE CONT Company Name DNA Name of Parent Company (if Applicable)	BOB WINCLAND Attendee's Name SALES MANAGER Title	Mailing Address: 3000 E CORONADO City: ANAHEIM State: CA Zip: 92806 Telephone Number: (714) 630-9470 FAX: (714) - 630-9471 E-Mail Address: TYCAVANAUGH@DSLEXTREME.COM
Company Name Name of Parent Company (if Applicable)	USE THIS ONE ⇒ KCARR@DMA CONTRACTING.COM 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: