

**MANDATORY WALK-THROUGH  
MAINTENANCE AND ROUTINE SERVICE OF PUBLIC WORKS HEADQUARTERS COMPLEX ELEVATORS (BRC0000117)  
LOS ANGELES COUNTY PUBLIC WORKS  
(TUESDAY, JANUARY 7, 2020)**

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Amtch Elevator</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Christina Bonomo</u> <small>Attendee's Name</small> <hr/> <u>Bus Dev. mgr</u> <small>Title</small>	Mailing Address: <u>3041 Roswell St</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90065</u> Telephone Number: <u>(323) 328-3743</u> FAX: ( ) E-Mail Address: <u>Christina.bonomo@amtchelevator.com</u>
<u>SmartRise Elevator</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Kirsten Gumm</u> <small>Attendee's Name</small> <hr/> <u>Account manager</u> <small>Title</small>	Mailing Address: <u>13523 Larchwin Circle</u> City: <u>Santa Fe Springs</u> State: <u>CA</u> Zip: <u>90670</u> Telephone Number: <u>(951) 987-2863</u> FAX: ( ) E-Mail Address: <u>Kirsten@smartriseelevator.com</u>
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <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
<u>Thyssenkrupp Elevator</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Laurisa Ramos</u> <small>Attendee's Name</small> <hr/> <u>Account Manager</u> <small>Title</small>	Mailing Address: <u>16290 Shoemaker Ave</u> City: <u>Cerritos</u> State: <u>CA</u> Zip: <u>90703</u> Telephone Number: <u>(562) 340 9686</u> FAX: ( ) E-Mail Address: _____
<u>Thyssenkrupp Elevator</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Jeremy Carroll</u> <small>Attendee's Name</small> <hr/> <u>Service Supervisor</u> <small>Title</small>	Mailing Address: <u>16290 Shoemaker ave</u> City: <u>Cerritos</u> State: <u>CA</u> Zip: <u>90703</u> Telephone Number: <u>(323) 215-7508</u> 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: _____
_____ <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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<u>Oh's Elevator Company</u> Company Name  Name of Parent Company (if Applicable)	<u>Rachelle Dorn</u> Attendee's Name  <u>Account Manager</u> Title	Mailing Address: <u>2801 Media Center Dr Suite 2</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90065</u> Telephone Number: <u>(714) 305-6225</u> FAX: ( ) E-Mail Address: <u>rachelle.dorn@ohs.com</u>
<u>EXCELSIOR ELEVATOR</u> Company Name  Name of Parent Company (if Applicable)	<u>MATT ROUGH</u> Attendee's Name  <u>SALES MANAGER</u> Title	Mailing Address: <u>1961 BLAIR AVE</u> City: <u>SANTA ANA</u> State: <u>CA</u> Zip: <u>92705</u> Telephone Number: <u>(949) 757-1688</u> FAX: ( ) E-Mail Address: <u>MATT@EXCELSIOR-ELEVATOR.COM</u>
<u>Elevators Etc</u> Company Name  Name of Parent Company (if Applicable)	<u>Chad Babcock</u> Attendee's Name  <u>General Manager</u> Title	Mailing Address: <u>4327 E Cesar E Chavez</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90022</u> Telephone Number: <u>(909) 595-2400</u> FAX: ( ) E-Mail Address: <u>Chad@elevatoretc.org</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: _____