

PROPOSERS' CONFERENCE
ZERO-TOLERANCE GRAFFITI ABATEMENT SERVICES (2011-PA001)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
Monday, January 24, 2011, AT 9 A.M., CONFERENCE ROOM C

Page 1 of 6

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Scott Grady Construction</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Scott Grady</u> Attendee's Name _____ <u>O Winer</u> Title	Mailing Address: <u>27081 Old Chimney Rd</u> City: <u>Malibu</u> State: <u>Ca</u> Zip: <u>90265</u> Telephone Number: <u>(310) 699 3093</u> FAX: <u>(310) 457-9988</u> E-Mail Address: <u>Scott.Grady@scgcl.com</u>
<u>Magic Maintenance Inc</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Susan Veskic</u> Attendee's Name _____ <u>Sales/Estimating</u> Title	Mailing Address: <u>24840 AVE. ROCKBEE FELLER</u> City: <u>Van Nuys</u> State: <u>CA</u> Zip: <u>91355</u> Telephone Number: <u>(661) 244-7989</u> FAX: <u>(661) 244 9640</u> E-Mail Address: <u>susan.v@magic@aol.com</u>
<u>Painting and Decor Ltd</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Nile Buchner</u> Attendee's Name _____ <u>Printing</u> Title	Mailing Address: <u>10 Mulberry Lane T</u> City: <u>Trabuco Canyon</u> State: <u>CA</u> Zip: <u>92678</u> Telephone Number: <u>(949) 888 2564</u> FAX: <u>(949) 888 2566</u> E-Mail Address: _____
<u>Urban Graffiti</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Maria Gutierrez</u> Attendee's Name _____ <u>Manager</u> Title	Mailing Address: <u>P.O. Box 9383</u> City: <u>Covina</u> State: <u>CA</u> Zip: <u>91722</u> Telephone Number: <u>(626) 815-4800</u> FAX: _____ E-Mail Address: <u>Urban-Manager@verizon.net</u>
<u>Boys & Girls Club of Southern Calif</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Jack Gutwink</u> Attendee's Name _____ <u>Program Director</u> Title	Mailing Address: <u>2740 Mountain View Rd</u> City: <u>El Monte</u> State: <u>CA</u> Zip: <u>91732</u> Telephone Number: <u>(626) 442-5470</u> FAX: <u>(626) 442-8803</u> E-Mail Address: <u>jackgutwink@pacbell.net</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Los Angeles Conservation Corps Company Name	Robert Skilling Attendee's Name	Mailing Address: 2821 S. Main St CA CA 90007 City: Los Angeles State: CA Zip: 90007 Telephone Number: (213) 210.7620 FAX: (213) 719.4301 E-Mail Address: rskilling@lacorps.org
Sureteck INC Company Name	Fred Garcia Attendee's Name	Mailing Address: 860 E Cottonwood St City: Ontario State: CA Zip: 91761 Telephone Number: (951) 809-3373 FAX: (951) 809-3373 E-Mail Address: Sureteckinc@aol.com
UrbanGraffiti Company Name	Juan Reinoso Attendee's Name	Mailing Address: P.O. Box 2383 City: Corona State: CA Zip: 91722 Telephone Number: (626) 815-4700 FAX: (626) 815-4499 E-Mail Address: urbangraffiti@verizon.net
Grassroots Protective Coatings Company Name	Jeffrey -po Attendee's Name	Mailing Address: 419 N. Larchmont Blvd #264 City: Los Angeles State: CA Zip: 90004 Telephone Number: (310) 464-4472 FAX: () E-Mail Address:
West Coast Sandblasting Company Name	Miguel Rubio Attendee's Name	Mailing Address: 1516 Hayes Ave. City: Long Beach State: CA Zip: 90813 Telephone Number: (562) 9809272 FAX: (562) 4809292 E-Mail Address: Rubio68@aol.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Coalition for Responsible Community Development Company Name	Brandy Chappell Attendee's Name Director of Operations Title	Mailing Address: 3101 South Grand Avenue City: Los Angeles State: CA Zip: 90007 Telephone Number: (213) 743-6193 FAX: (213) 743-6198 E-Mail Address: brappell@coalitionred.org
Suretek Company Name	Dolores Martinez Attendee's Name Office Manager Title	Mailing Address: 8100 E. Cottonwood St City: Ontario State: Ca. Zip: 91761 Telephone Number: (951) 529-0279 FAX: () E-Mail Address: ()
SURETECK Company Name	GILBERT PEREZ Attendee's Name DISIGNEZ/ADMINISTRATOR Title	Mailing Address: 8600 E. COTTWOOD ST City: ONTARIO State: CA Zip: 91791 Telephone Number: (951) 903-6284 FAX: () E-Mail Address: ()
Denne Mulverhill Company Name	Denne Mulverhill Attendee's Name Title	Mailing Address: 7315 Lankershim Blvd City: North Hollywood State: CA Zip: 91605 Telephone Number: (818) 503-6330 FAX: () E-Mail Address: dmulverhill@nmail.ndey.orc
Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____

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NATIONWIDE ENV. SERVICES Company Name	NEITEH DER BEDROSSIAN Attendee's Name	Mailing Address: 11914 FRONT ST. City: NORWALK State: CA Zip: 90650 Telephone Number: (562) 868-9998 FAX: (562) 868-5726 E-Mail Address: <u>anil@n-es-services.com</u>
WOODS MAIN TENANCE SERVICES Company Name	JOSIA WOODS Attendee's Name	Mailing Address: 7260 ATOLE AVE City: North Hollywood State: CA Zip: 91605 Telephone Number: (818) 764-2515 FAX: (818) 764-2516 E-Mail Address: <u>JWOODS@GRAFFITICONTROL.COM</u>
SUPERIOR PROP. SER. INC. Company Name	LARRY DE CRANA Attendee's Name	Mailing Address: 7139 PERKINS ST. City: RICO RIVERA State: CA Zip: 90660 Telephone Number: (562) 801 9200 FAX: (562) 801 9230 E-Mail Address: <u>LARRY@4SUPERIOR.COM</u>
HCH CONST-TECH Company Name	KSAUT HARVED Attendee's Name	Mailing Address: 73203 BURBANK BL City: WOODLAND HILLS State: CA Zip: 91367 Telephone Number: (818) 5480193 FAX: () E-Mail Address: <u>DEANRAH@NETZERO.NET</u>
		Mailing Address: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____ Telephone Number: () () () FAX: () () () E-Mail Address: _____
		Mailing Address: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____ Telephone Number: () () () FAX: () () () E-Mail Address: _____

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Gang Alternatives prog Company Name	Sueann B. Abern Attendee's Name PGA officer Title	Mailing Address: 309 W. opp Street City: Wilmington State: CA Zip: 90744 Telephone Number: 310, 519 7233 FAX: (310) 519 8730 E-Mail Address: Sueann.abern@gangfree.org
Gang Alternatives Prog Company Name	Mario Martinez Attendee's Name Director of Cell Title	Mailing Address: 309 W. OPP St. City: Wilmington State: CA Zip: 90744 Telephone Number: 310, 519 7233 FAX: () E-Mail Address: mario.martinez@gangfree.org
NONA MARTINEZ SEVCC Company Name	NONA Martinez Attendee's Name Program Manager Title	Mailing Address: 3017 N Tyler Ave City: El Monte State: CA Zip: 91731 Telephone Number: 626, 880-444-5337 E-Mail Address: NNA@SEVCC
Company Name	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: _____
Company Name	Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____

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<u>Com Mundy & Jenderson</u> Company Name	Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>GANG INTERACTIVES Program</u> Company Name	<u>John TORRES</u> Attendee's Name _____ Title _____	Mailing Address: <u>309 W. OPP ST</u> City: <u>Wilmington</u> State: <u>CA</u> Zip: <u>90744</u> Telephone Number: <u>(310) 519-7233</u> FAX: () _____ E-Mail Address: <u>john.torres@ganginter.org</u>
<u>Pacific Graffiti Solutions</u> Company Name	<u>ERNEST FLORES</u> Attendee's Name <u>SUPERVISOR</u> Title	Mailing Address: <u>3347 MOTOR AVE.</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90034</u> Telephone Number: <u>(310) 204-2749</u> FAX: () _____ E-Mail Address: <u>GRAFFITI@PDS.NET</u>
_____ Company Name	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: _____
_____ Company Name	Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____