LCP-AR2

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 07/01/10 (mm/dd/yyyy) to 06/30/2011 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) : Lake County Special Districts Administration Labor Compliance Program

2. LCP I.D. Number (assigned by DIR):
2007.00573

3. Date of Initial Approval: March 4, 2008

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

John Thompson, Utility Systems Compliance Coordinator
Lake County Special Districts
230 N. Main Street
Lakeport, CA 95453

johnt@co.lake.ca.us
(707) 263-0119
(707) 263-3836 fax

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one: ☐ Yes If Yes, proceed to item 6 on the next page

☑ No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary) A 30-Day "email" reminder for the annual report due date would be great. Thank You.

SUBMITTED BY:

John D. Thompson
Signature

John Thompson Utility Systems Compliance Coordinator
Name and Title

6/23/2011
Date