

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period 07/01/2014 to 06/30/2015
(mm/dd/yyyy) (mm/dd/yyyy)

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1. Name of Labor Compliance Program (LCP) : **Hillview Water Company** **SEP 02 2015**
2. LCP I.D. Number (assigned by DIR): 2015.00278 Department of Industrial Relations
Office of the Director
3. Date of Initial Approval: 04/08/2015
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
James Foster, Manager
P.O. Box 2269
Oakhurst, CA 93644
(559) 683-4322 Office (559) 683-7775 Fax h2o4@sti.net Email
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please circle one:

YES

If Yes, proceed to item 6 on the next page

NO

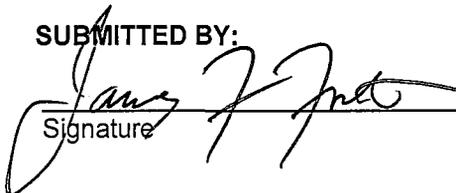
If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,

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)

Please make this form interactive like the DAS-140 form so it will be easier to use. Thank you.

SUBMITTED BY:


Signature

James F. Foster, Manager
Name and Title

August 26, 2015
Date