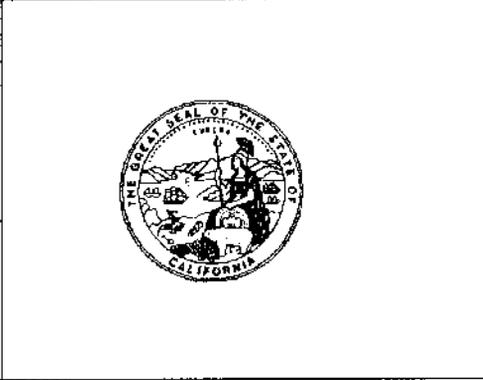


**Labor Commissioner, State of California**  
 Department of Industrial Relations  
 Division of Labor Standards Enforcement  
 300 Oceangate Ste 850  
 Long Beach, CA 90802  
 (562) 983-1453  
 FAX: 562-499-6439



DATE: \_\_\_\_\_

In Reply Refer to Case No \_\_\_\_\_

**REQUEST FOR INFORMATION, AWARDING BODY**

PROJECT NAME	Project No
Prime Contractor	
Subcontractor	

This office is currently conducting an investigation to determine if the above-mentioned contractor(s) are in violation of the Public Work Law, Labor Code sections 1720 through 1861.

To assist us in our investigation, copies of the noted (x) documents and information are hereby requested.

- Contract (excluding specifications)
- Performance Bond and Payment Bond (Labor/Material Bond)
- Bid Notice and Date First Published \_\_\_\_\_
- Page(s) Listing Prevailing Wage Rate for the Project
- Page(s) Advising Contractor of Legal Requirements to Pay Prevailing Wage
- Name(s) and Address(es) of all Subcontractor(s) performing work on this project.
- Certified Payroll Records Received by Your Agency From Contractor
- Notice of Completion (County Recorder Filing) or Acceptance Document. Please attach copy.
- Date Project Began \_\_\_\_\_
- Completion Date \_\_\_\_\_ IF NOT, Estimated Date \_\_\_\_\_
- Amount of Money Still Being Held by Your Agency \$ \_\_\_\_\_
- Inspector's Daily Log(s)
- Actual Location of Project \_\_\_\_\_
- Other \_\_\_\_\_

Please be assured that the above requested information will be utilized for official purposes only. Thank you for your assistance.

STATE LABOR COMMISSIONER

By \_\_\_\_\_

Deputy Labor Commissioner I