LCP-AR1

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2009 (mm/dd/yyyy) to 06/30/2010 (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :
City of Ceres Labor Compliance Program

2. LCP I.D. Number (assigned by DIR):	3. Date of Initial Approval:
.008	June 30, 2010

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
Leisser P. Mazariegos, Assistant Engineer
2220 Magnolia Street, Ceres CA 95307 (209) 538-5794 Work, (209) 538-5759 Fax
leisser.mazariegos@ci.ceres.ca.us

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)
None.

SUBMITTED BY:

Signature	Leisser P. Mazariegos, Assistant Engineer Name and Title	July 20, 2010 Date