**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 **07/01/2013** to **06/30/2014**

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

| 2. LCP I.D. Number (assigned by DIR): | 3. Date of Initial Approval: |
| 2011.00986 | 9/1/2011 |

| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): |
| Melissa Price - Municipal Utilities Dept |
| 2500 Navy Drive |
| Stockton, CA 95206 |
| Phone: 209-937-8782 |
| Fax: N/A |

| 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)

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**SUBMITTED BY:**

[Signature]

[Name and Title]

[Date]