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): Trabuco Canyon Water District

2. LCP I.D. Number (assigned by DIR): 2011.01103

3. Date of Initial Approval: March 21, 2012

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

   Hector Ruiz, General Manager/LCO
   32003 Dove Canyon Drive
   Trabuco Canyon, CA 92679
   Phone: 949-858-0277 x117
   Fax: 949-858-3025
   Email: hruiz@tcwd.ca.gov

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

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

   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)

SUBMITTED BY:

Hector Ruiz, General Manager / LCO
Signature
Name and Title
Date

JUL 08 2014
RECEIVED
DEPT. OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR