## 1. Name of Labor Compliance Program (LCP):
City of Morro Bay

## 2. LCP I.D. Number (assigned by DIR):
2011.00866

## 3. Date of Initial Approval:
9/1/2011

## 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
**Name:** Rob Livick  
**Address:** 595 Harbor Street, Morro Bay, CA  
**Phone:** (805)772-6645  
**Fax:** (805)772-6268  
**Email:** rlivick@morrobayca.gov

## 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
- [ ] Yes  
  If Yes, proceed to item 6 on the next page  
- [x] 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)
N/A

**SUBMITTED BY:**

[Signature]

Rob Livick  
Name and Title  
8/3/2018  
Date