

Labor Management Compliance Council 501 Shatto Place, Suite 260, Los Angeles, CA 90020 Phone No.: (213)-385-LMCC(5622) Fax No: (213)-385-5003

Please complete all fields and email to ana@socallmcc.org or monika@socallmcc.org Fax (213) 385-5003

PROJECT REFERRAL FORM

Referral Date:		DIR#:	·:		Projects Plu	us #:	
Project Name:		· · · · · · · · · · · · · · · · · · ·				1	
Location:							
Contract Number:		Amount of General Contract:					
Estimated or Actu	ual Start Date:	Projec			Length:		
Estimated Compl	etion Date:						
OWNER / AWARDING AGENCY							
Contact Person:							
Agency Name:	gency Name:						
Address:							
City, State, Zip C	Code:						
Telephone Number:							
GENERAL CONTRACTOR / CONSTRUCTION MANAGER							
Name:							
Address:							
City, State, Zip Code:							
Telephone Number:		License			. & Class:		
SUB-CONTRACTOR(S)(to be monitored)							
Plumber:					License/Craft:		
Fire Sprinkler:				I	License/Craft:		
HVAC:				I	License/Craft:		
Landscape:					icense/Craft		
REFERRED BY:				NOTE			
Name:							
Mailing Address:							
Phone & Fax:							
Email Address:							