



Labor Management Compliance Council

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Please complete all fields and email to monika@socallmcc.org or ana@socallmcc.org

PROJECT REFERRAL FORM

GENERAL INFORMATION

Referral Date:		DIR #:	
Project Name:			
Location:			
Contract Number:			

OWNER / AWARDDING AGENCY

Contact Person (Procurement):			
Agency Name:			
Address City, State, Zip Code:			
Email:			
Telephone Number:			

GENERAL CONTRACTOR / CONSTRUCTION MANAGER

Name:			
Address:			
City, State, Zip Code:			
Telephone Number:		License No. & Class:	

CONTRACTOR TO MONITOR

Craft:	Contractor Name:	CA License #:	Estimated Hours
Plumber			
Fire Sprinkler			
HVAC			
Landscape Irrigation			

SOURCE

Name & Title:	
Mailing Address:	
City/Zip Code:	
Phone & Fax:	
Email Address:	

NOTES
