



Labor Management Compliance Council

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

PROJECT REFERRAL FORM

Referral Date:		DIR #:			
Project Name:					
Location:					
Contract Number:			Amount of General Contract:		
Estimated or Actual Start Date:			Project Length:		
Estimated Completion Date:					

OWNER / AWARDING AGENCY

Contact Person:					
Agency Name:					
Address:					
City, State, Zip Code:					
Telephone Number:					

GENERAL CONTRACTOR / CONSTRUCTION MANAGER

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

SUB-CONTRACTOR(S) (to be monitored)

Plumber:			License/Craft:		
Fire Sprinkler:			License/Craft:		
HVAC:			License/Craft:		
Landscape:			License/Craft:		

REFERRED BY:

Name:					
Mailing Address:					
Phone & Fax:					
Email Address:					

NOTE
