



Southern California Labor/Management Operating Engineers Contract Compliance Committee

100 East Corson Street, Suite 222, Pasadena, California 91103

Telephone: (626) 564-6070 • Fax: (626) 564-6393

RECEIVED
CITY OF GARDEN GROVE
CITY CLERK'S OFFICE
2015 SEP -8 P 4:15

Sam Kim

August 13, 2015

Mr. Bill Murray, Director
City of Garden Grove
Public Works
11222 Acacia Parkway
Garden Grove, CA 92840

LABOR I.U.O.E. Local No. 12

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RE: Stephen Doreck Equipment Rentals, Inc. (Prime Contractor)

PROJECT: Water Service Line Replacement and Improvements Phase I

Dear Mr. Murray:

This is a formal request for certified payroll records for the above referenced contractor. We are requesting the records from the beginning of the project through today's date. To ensure compliance, please have the contractor fill out the enclosed "Statement of Employer Payments" form.

This request is made pursuant to, and authorized by, California State Labor Code Section 1776 (b) (3) and in compliance with California Code of Regulations, Title 8, Group 3, Article 6, Section 16400.

Labor Code Section 1776 (b) (3) (h) states: *"The contractor or subcontractor has 10 days in which to comply subsequent to receipt of a written notice requesting the records enumerated in subdivision (a). In the event that the contractor or subcontractor fails to comply within the 10-day period, he or she shall, as a penalty to the state or political subdivision on whose behalf the contract is made or awarded, forfeit one hundred dollars (\$100) for each calendar day, or portion thereof, for each worker, until strict compliance is effectuated"* (Emphasis added.)

Please send the payrolls within the statutory time limit to our office at the address listed above.

Sincerely,

David Lanham

David Lanham,
Contract Compliance Representative
dlanham@oecc12.org

DL: ad

Statement of Employer Payments



Date:		In Reply, Refer to Case No:
Prime:		
Subcontractor:		
PROJECT NAME:		
PROJECT CONTRACT NO.:		County/location:
HEALTH AND WELFARE		
NAME OF PLAN	Address, City and Zip	
ADMINISTRATOR	Address, City and Zip	
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS:	WEEKLY	MONTHLY
	QUARTERLY	ANNUALLY
PENSION		
NAME OF PLAN	Address, City and Zip	
ADMINISTRATOR	Address, City and Zip	
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS:	WEEKLY	MONTHLY
	QUARTERLY	ANNUALLY
VACATION/HOLIDAY		
NAME OF PLAN	Address, City and Zip	
ADMINISTRATOR	Address, City and Zip	
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS:	WEEKLY	MONTHLY
	QUARTERLY	ANNUALLY
TRAINING		
NAME OF PLAN	Address, City and Zip	
ADMINISTRATOR	Address, City and Zip	
CLASSIFICATION(S) USED	CONTRIBUTION PER CLASSIFICATION PER HOUR	
CONTRIBUTIONS:	WEEKLY	MONTHLY
	QUARTERLY	ANNUALLY

IF YOU USE OTHER PLANS NOT LISTED ABOVE, YOU MAY USE THE BACK OF THIS FORM TO PROVIDE THIS ADDITIONAL INFORMATION