



Request to Dispose of Asbestos Material

Contractor making request:
(Name & Address)

.....

Tel: Mob: Email:.....

Address of premises where asbestos to be removed:

Lot No..... H/No..... Street.....

Town.....

Owner of asbestos material:

Owner's contact details:.....

Type of asbestos material: *fence/roof/wall sheeting or insulation lagging or backing of linoleum floor tiles or other (specify)

Volume of asbestos material:m xm xm =.....m³

Approximate weight of asbestos material:tonne

Person/contractor transporting the asbestos material from the place of origin to the

Southern Cross landfill site:
(Name & Address)

.....

Tel:..... Mob: Email:.....

Expected day & time for disposal of asbestos material:

Applicant's Signature:

Council Use

Disposal fee[^]: \$..... Paid: Yes / No

Shire Approval by:* Date of Approval:.....

(*CEO/MRS/EMI)

(* Delete which is not applicable) (^ Disposal fee set in the Shire's Fees & Charges and is subject to change)