



## 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 x .....m x .....m =.....m<sup>3</sup>

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<sup>^</sup>: \$..... 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)