

Request to Dispose of Asbestos Material

Shire of West Arthur
PO Box 112
31 Burrowes Street
Darkan WA 6392
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Resident/Contractor making request

Name: _____
Address: _____
Email: _____
Home/Business Number: _____ Mobile Number: _____

Address of premises where asbestos to be removed

Lot Number: _____ H/Number: _____ Street: _____
Town: _____
Owner of asbestos material: _____
Owner's contact details: _____
Details of Use: _____

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 x = _____ m³

Approximate weight of asbestos material: _____ tonne

Person/contractor transporting the asbestos material from the place of origin to the Darkan landfill site:

(Name & Address)

Home/Business Number: _____ Mobile Number: _____

Expected day/time of disposal of asbestos material: _____

Applicants signature: _____ Date: _____

Disposal fee: \$100.00/tonne

Fee payable: \$100.00 x _____ Tonne = \$ _____ Paid: (Yes / No)

Office Use Only

Shire Approval By: _____ Date of Approval: _____