



**Richmond Shire Council**  
50 Goldring Street, PO Box 18  
Richmond QLD 4822  
T: 07 4741 3277 F: 4741 3308

## ASBESTOS DISPOSAL APPLICATION

This form is to be used for the removal and disposal of asbestos containing material within Richmond Shire. ALL disposal must be made by appointment and approval by an authorised council officer. Please ensure all details are completed and this form is returned to Council Administration Office a minimum of seven (7) days prior to disposal. For further information, please contact Council's Environmental Health Officer on (07) 4741 1288. A copy of this form must be signed off at the time of disposal by an authorised council person.

I \_\_\_\_\_ HEREBY AGREE TO REIMBURSE COUNCIL FOR THE COST OF  
(Please print name)

DISPOSAL OF ASBESTOS CONTAINING MATERIALS, THE DETAILS OF WHICH ARE OUTLINED BELOW:

DATE OF DISPOSAL: \_\_\_\_\_

WHERE WAS IT REMOVED FROM: (Full Address): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

REMOVALIST FULL NAME & CONTACT PERSON: \_\_\_\_\_

\_\_\_\_\_

ASBESTOS LICENCE NUMBER & CLASS (>10m2): \_\_\_\_\_

REMOVALIST CONTACT PHONE NUMBER: \_\_\_\_\_

REMOVALIST CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

VEHICLE / TRAILER REGISTRATION No. : \_\_\_\_\_

EPA LICENCE NUMBER: \_\_\_\_\_

QUANTITY DISPOSED OF (m3): \_\_\_\_\_

CONDITION (i.e. ash, wall sheets, floor tiles, roof sheeting, insulation): \_\_\_\_\_

\_\_\_\_\_

SEALANT / WETTING AGENT USED (type): \_\_\_\_\_

DOUBLE WRAPPED AND SEALED IN PLASTIC (please circle): Yes / No

HAZARD LABEL USED (please circle): Yes / No

SIGNATURE (Disposer):

DATE:

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Office Use Only:

NOTES / CONDITION RECEIVED: \_\_\_\_\_

SIGNATURE OF COUNCIL OFFICER:

DATE: