Asbestos Sample

Submission Form

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| --- |
| Name: |
| Address: |
| Address of property where sample taken (if different to above): |
| Email: |
| Phone: | Date: |

**Please note: Each sample incurs a fee as per schedule of fees and charges on the City’s** [**website**](https://www.kalamunda.wa.gov.au/building-development/health/health-fees-and-charges)**.**

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| --- | --- | --- |
| Sample No: | Sample Location(e.g. living room, bathroom, etc.) | Sample description(e.g. fibro wall, floor tile, etc.) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

|  |
| --- |
| Fees & Lodgement |
| **Fees payable at time of submission, as per schedule of fees and charges on the City’s** [**website**](https://www.kalamunda.wa.gov.au/building-development/health/health-fees-and-charges)**.****Payment Options:**Cash, EFTPOS or credit card at the City of Kalamunda, between 8.30am - 4.30pm Mon to Fri.Please note: Credit card payment incur a surcharge of 0.46%**Lodging your sample and form:**In Person: City of Kalamunda – 2 Railway Rd, Kalamunda WA 6076Via Post: PO Box 42, Kalamunda WA 6926 |