A picture containing logo

Description automatically generatedAsbestos Sample

Submission Form

|  |  |
| --- | --- |
| 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)**.**

|  |  |  |
| --- | --- | --- |
| 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 6076  Via Post: PO Box 42, Kalamunda WA 6926 |