



**ASBESTOS DECLARATION FORM FOR DEMOLITION OF
BUILDING STRUCTURE**

Name of Property Owner:

Address of Property:

Contractor Name:

Address:

City: _____ **State:** _____ **Zipcode:** _____

I declare the following statement to be true and correct:

- Notification letter was sent to AQMD or EPA as required by AB 2791 and H&S Code Section 198727.5.**
- I declare that the Notification of Asbestos Removal is not applicable to addressed project**

Signature of Demolition Contractor

Date