



The City of Monroeville

Garbage Service Request Form

Date: _____

Name: _____

Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Commercial Service

Start Service: ☐ Change Service: ☐ Stop Service: ☐

Service Address: _____

Dumpster Size: _____ Frequency: _____

Customer Signature: _____

* This form must be received from Monroeville City Hall before **any** utility services are started, changed or stopped. Failure to comply may result in penalties and or fees.