**2-1-1 Arizona Transportation Hotline**

**Last Mile Delivery Program with United Way and DoorDash**

**Sign-Up Form**

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| --- | --- |
| Pick-Up Site Name: |  |
| Address: |  |
| Unit/Suite Number: |  |
| City: |  |
| State: |  |
| Zip Code: |  |
| POC Name: |  |
| POC Phone Number: |  |
| POC Email: |  |

This form will be submitted to United Way to begin the vetting process for the above site. Upon approval, Solari will email the POC named above to review next steps for entering the DoorDash portal and schedule a follow-up meeting to provide additional support.

**I would like to have the above organization considered for the Last Mile Delivery Program with Solari.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**