




 Danville Public Library
 101 S Indiana Street
 Danville, IN 46122
 www.dplindiana.org

Full Name:			
Street Address:			
City, State, Zip Code			
Home Phone:		Cell Phone:	
Email Address:			
ID # (Driver's License):			
Date of Birth:		Parent (under 18):	
Reference:		Reference Phone:	
<i>I hereby agree to comply with the rules and regulations of the Danville Public Library and Evergreen Indiana, accept financial responsibility in accordance with those policies, and will immediately notify the library in the event my contact information changes. I understand that my library card privileges are non-transferrable.</i>			
Signature:			Date:

For Staff Use:			
Barcode		User Profile:	
PLAC/RB Home Library :		PLAC/RB Card #:	
Internet Use Only?:		STAFF INITIALS:	
Notes:			

HOLDS PICK-UP AUTHORIZATION

I, _____ designate the following people to pick up materials held for me at the Danville Public Library and check them out on my account. I understand that Evergreen policy applies in this case and only materials currently on a HOLD status can be checked out under this authorization. The designee **must** present my DPL Evergreen library card and he/she may need to show identification at the time of check out.

Name: _____ Name: _____

Name: _____ Name: _____

Signature

Date