



LICKING  
COUNTY  
LIBRARY

## Local Author Submission

Title of Work: \_\_\_\_\_

Author: \_\_\_\_\_

Publication Date: \_\_\_\_\_ Content:  Fiction  Nonfiction Audience:  Adult  Teen  Children

### Author Contact Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box Apt. number/Room number

\_\_\_\_\_ City State ZIP code

Email Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you are a former resident, please describe your connection to Licking County: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list title(s) of professional review sources, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For works of nonfiction, specify credentials or a description of your expertise in the subject area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that submission of this form does not guarantee selection

I have read, understood and agree to abide by the Library criteria required in order to submit my application

\_\_\_\_\_  
Author Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

*For Internal Use*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

LCL Location: \_\_\_\_\_