



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: _____