

LCL Location: _

Local Author Submission

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City State ZIP: mail Address Phone Number: you are a former resident, please describe your connection to Licking County: lease list title(s) of professional review sources, if any: or 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	uthor Contact Inform	ation				
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