



Local Author Collection Submission Form (please submit with the donated item)

Send To: Technical Services Coordinator/Collection Development butchartlk@myidl.com

Jackson District Library Technical Services Department, 3125 E. Michigan Ave., Jackson MI 49202

About the Work

Title: _____

Book CD DVD other

Target audience: Adult Young Adult (11-17 years) Children (Preschool – 10 years)

Price: _____ Published date: _____ ISBN: _____

Publisher: _____

A summary/additional information, if not available on cover/book jacket *(attach another sheet of paper, if necessary)*:

Preferred location for work *(One location for all local works or distribute as requested):*

BRO CAR CON EAS GRA HAN HEN MEI NAP PAR SAR SPT SUM

About the Author

Name: _____ Date of birth: _____

Address: _____ City / State/ Zip code: _____

Primary Phone: _____ Email: _____

Connection to Jackson County: Author lives here now Yes No Author used to live here Yes No

The work contains Jackson content: Yes No

I have read, understood, and agree to abide by the Local Author Collection Policy

The Local Author Collection Submission Form must be signed by a parent or guardian if the author is under 18 years old.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Office Use

Received by: Name: _____ Branch: _____ Date: _____