

LOCAL AUTHOR MATERIAL SUBMISSION FORM

Please complete the following when submitting your request to the Novi Public Library for consideration:

Author's First and Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Name (if different from Author): _____

Website: _____

Title of Material: _____

Publisher: _____ Year Published: _____

Is this title self-published? Yes _____ No _____

Intended Audience (i.e. Adults, Teens, Children): _____

Format (i.e. Book, eBook, DVD, etc.): _____

Genre: _____

Please give a brief summary of the material:

Please list any reviews or media coverage your material has received:

If your work is nonfiction, please list your credentials or a description of your expertise in the area:
