

**Thomas Memorial Library
Local Authors Collection Submission Form**

Name of your item: _____

Target Audience (circle one): Adult Teen Youth

Type: (circle one): Fiction Non-Fiction

I give the Thomas Memorial Public Library permission to add my item to the library and I release all claims for compensation related to use of the materials.

I have also read and agree to the Materials Handling Guidelines below:

- Materials that are accepted and added to the collection will be subject to the same standards as any other library material and may be reconsidered, weeded and withdrawn in the course of time.
- Materials which have been withdrawn and are in good condition will be donated to other non-profit agencies, or recycled where appropriate.
- No items can be held for or returned to individuals.
- Titles that are discarded, lost, or withdrawn are not automatically replaced or reordered.
- Materials that are not accepted for addition into the library's collection will be donated to other non-profit agencies, or recycled where appropriate.

Name: _____

Email Address: _____

Home Address: _____

City, State, Zip: _____

Signature _____ Date _____

(Parent or Guardian's signature required if under 18 years old)

Parent/Guardian Name(s) _____

Please send one copy of your item along with a completed submission form and any professional reviews/critiques to:

Director, Thomas Memorial Library
6 Scott Dyer Road
Cape Elizabeth, ME 04107