

LOCAL AUTHOR SUBMISSION GUIDELINES & FORM

Ida Rupp Public Library houses works by several local authors to showcase their creative efforts. Approved local author submissions are cataloged and added to the library's collection and are available for checkout by library patrons. In order to submit independently published materials, we ask that you follow the guidelines below:

- The author must be a current resident of Ottawa County.
- The piece being submitted should be more than a single chapter or acknowledgement.
- The piece being submitted should be the author's full written work and not a work of editing or ghostwriting. The piece must not be plagiarized or written/illustrated by AI (artificial intelligence).
- The work must be a donated copy that will become property of the Library. Ida Rupp Public Library does not purchase independently published works unless there is proven demand for the material.
- The piece needs to be in a physical format. We are not accepting digital donations at this time.
- The donated copy will be evaluated according to our Collection Development Policy. If accepted, it will be added to the Local Author Collection and a sticker will be affixed to the item identifying it as such. All works will be subject to weeding policies and procedures. If not accepted, the donated work will be returned to the author.
- While we may not be able to meet with individual authors, you will receive a notification on our decision as to whether we've decided to add your piece to our collection.
- If your piece is added, it may take up to two months before it's fully cataloged and on our shelves. If you agree to the above guidelines and would like to submit your piece for consideration, please submit this form and a donated copy of your work to Ida Rupp Public Library in person or send to:

Ida Rupp Public Library 310 Madison St. Port Clinton, OH 43452

SUBMISSION INFORMATION Title: Author: Publisher: Format: Content: Fiction Nonfiction Genre/Subject: Audience: Adult Young Adult Children

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AUTHOR INFORMATION	
Name:	
Address:	
Phone #:	
Email:	
If your work is non-fiction, include any credentials or a desc	ription of your expertise in the subject area:
☐ I understand that submission of this form does not guara	ntee selection.
☐ My signature indicates that I have read, understood, and agree to abide by the Library criteria	
required in order to submit my application.	
Author Signature:	
FOR LIBRARY USE	
Date Received:	Staff:
Approved? ☐ Yes ☐ No	
Date original cataloging form filled out:	
Notes:	

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