



## LOCAL VOICES COLLECTION SUBMISSION REQUEST FORM

Date: \_\_\_\_\_

### PERSON COMPLETING THIS FORM

Full name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

### INFORMATION ABOUT THE ITEM

Author/Creator: \_\_\_\_\_  
Last name                      First name                      Initial

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Book     Music CD     Film/Video

# Pages \_\_\_\_\_ or Running time: \_\_\_\_\_

Content summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for completing this form. The information is needed to process the materials into the Local Voices Collection.

I accept that by donating the item(s) described above ownership is transferred to the Tompkins County Public Library (TCPL) and that TCPL bears no responsibility to contact me regarding when said item(s) is withdrawn. Also, I accept that TCPL may remove said item(s) from its collection in accordance with the Collection Development Plan.

\_\_\_\_\_  
Signature

Please submit this form and donation(s) at the Adult Reference Desk with attention to Meghan Molloy (607-272-4557 ext 256) or [mmolloy@tcpl.org](mailto:mmolloy@tcpl.org).