



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County Public Library (TCPL) and that TCPL bears no responsibility to contact me regarding when said item(s) is withdrawn.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 Information & Learning Services or Youth Services reference desk. For more information, contact Tom Burns, I&LS (607-272-4557 x253), Sarah O'Shea, Youth Services (607-272-4557 x255), or send email to localvoices@tcpl.org. Thank you.