

**Stark County District Library**  
**EDUCATOR'S UNIT REQUEST**  
(One week notice is requested)

Teacher's Name \_\_\_\_\_ Card # 2 1333 00

Phone Number \_\_\_\_\_ School \_\_\_\_\_

You may also mail, telephone, or fax your request:

**Stark County District Library**  
**Bookmobile**

715 Market Avenue N

Canton, OH 44702

Phone: 330-458-2824 Fax: 330-452-0403

**TYPE OF UNIT REQUESTED**

**Please list specific subjects, titles, or authors desired. Please allow at least one week.**

Grade Level \_\_\_\_\_ Number of Items \_\_\_\_\_

**We will deliver your unit on the day of your next Bookmobile visit: \_\_\_\_\_**