

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 mail, telephone, or fax your request:

Stark County District Library
DeHoff Memorial Branch

216 Hartford Avenue SE

Canton, OH 44707

Phone: 330-452-9014 Fax: 330-452-8224

TYPE OF UNIT REQUESTED

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

Grade Level _____ Number of Items _____ Requested Pickup Date _____