

**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**

**East Canton Branch**

224 N Wood Street

East Canton, OH 44730

Phone: 330-488-1501 Fax: 330-488-2509

**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 \_\_\_\_\_