

**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**

**Lake Community Branch**

11955 Market Avenue N

Uniontown, OH 44685

Phone: 330-877-9975 Fax: 330-877-7568

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