

**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**

**Madge Youtz Branch**

2921 Mahoning Road NE

Canton, OH 44705

Phone: 330-452-2618 Fax: 330-580-1807

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