

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
North Branch

189 25th Street NW

Canton, OH 44709

Phone: 330-456-4356 Fax: 330-580-1806

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** _____