

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

Perry Branch

4030 Lincoln Way E

Massillon, OH 44646

Phone: 330-477-8482 Fax: 330-479-0015

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** _____