



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

MARY JANE MANZKE

City

ORLAND PARK

State

IL

Zip

60462

Signature

Mary Jane Manzke

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) COLEEN STOEFF

City MOKENA State IL Zip 60448

Signature Coleen Stoeff

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

SAVE PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Miko Marzke

City

Orland Park

State

IL

Zip

60467

Signature

[Handwritten Signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Donna Nadelhoffer

City Rolling Meadows State IL Zip 60463

Signature Donna Nadelhoffer

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Palos Hospital

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

ROBERTA CONCANNON

City

TINLEY PARK

State

IL

Zip

60487

Signature

Roberta Concannon

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Palos H & F C members

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



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I. IDENTIFICATION

Name (Please Print)

City

State

Zip

Signature

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

IRMA BOBROFF

City

Homewood

State

IL

Zip

60491

Signature

IRMA BOBROFF

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

ED LYONS

City

ORLAND PK.

State

IL.

Zip

60462

Signature

Ed Lyons

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

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Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

EILEEN DUHIG-LYONS

City ORLAND PK. State IL. Zip 60462

Signature

Eileen Duhig-Lyons

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

CAROL JANKOWSKI

City TOWLEY PK

State

IL

Zip

60477

Signature

Carol M Jankowski

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Robert S. Stenz

City

Palos Hts

State

IL

Zip

60462

Signature

II.

REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

City of Palos

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Kara Friedman

City

Highland Park

State

IL

Zip

60035

Signature

Kara Friedman

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

LARRY HUNT

City

ORLAND PARK

State

IL

Zip

Signature

[Handwritten Signature]

II.

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

RESIDENT OF O.P.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15