



Public Hearing Testimony Registration Form

acility	Name: Northwestern M	ledicine Kishwauk	ee Health & Fitnes	ss Center
roject	Number: 16-054			FEB 1 0 2017
1.	IDENTIFICATION Name (Please Print)	Ael Kulisz		HEALTH FACILITIES SERVICES REVIEW BO.
	City DeKALD	State <u>I</u> L	Zip_	60(15
II.	REPRESENTATION (This section is entity.)	to be filled if the witness is appe	aring on behalf of any group, or	ganization or other
	Entity, Organization, etc. repr Health Care) Northweston Mem	resented in this appeara	nce (i.e., ABC Concerne cul Kahilan	\sim \sim \sim
				
III.	POSITION (please circle appro	opriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		





Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center					
Project N	Number: 16-054				
1.	Name (Please Print) Trancisca Carrillo - Thubado				
	city Syl Camore State I zip 40178				
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)				
	J				
III.	POSITION (please circle appropriate position)				
	Support Oppose Neutral				
IV.	Testimony (please circle)				
	<u>Oral</u> Written				



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center Project Number: 16-054 Name (Please Print) Barry Schrader

City De Kalb State IL Zip 60115 I. 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) Member of Kishwarker Family XMCA III. POSITION (please circle appropriate position) Oppose ? Support IV. Testimony (please circle) Oral Written



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

I. IDENTIFICATION
Name (Please Print)

City DEWLS

State T Zip 60115

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)

NORTHWESTERN

MEMBERAL

HEALTHCARE

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written





Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center Project Number: 16-054

IDENTIFICATION Name (Plance Print)	of Swal	64/	
Name (Please Print)	State	t C	zip_60//
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entity.) Entity, Organization, etc. repr	acontad in this annuar	ranco (i.a. ARC Coi	ncornad Citizans fo
Health Care)	S Coursey		TENDOS
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POSITION (please circle appro	priate position)		
Support	Oppose	Neutral	
Testimony (please circle)			
Oral	Written		
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center **Project Number: 16-054 IDENTIFICATION** I. Name (Please Print) City Zip 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 (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Oral Written





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project Number: 16-054

1.	Name (Please Print)	IN ROZNO	WSKI	
	city LOVES PARK	State	Zip	61111
II.	REPRESENTATION (This section is to entity.)	o be filled if the witness is app	earing on behalf of any group, org	ganization or other
	Entity, Organization, etc. repre Health Care) Northwestern Med			
	the state			
111.	POSITION (please circle approp	oriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		





HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center Project Number: 16-054

IDENTIFICATION Name (Please Print)	Theresa Komita:	5
City Couples	State 1	zip_41318
entity.)	section is to be filled if the witness is appearing on tc. represented in this appearance (i.	
reading a s	statement on behalf of	Committy atizen
POSITION (please circle	e appropriate position)	
Support	Oppose	Neutral
Testimony (please circle	le)	
Oral	Written	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project N	lumber: 16-0	054			
I.	IDENTIFICATION Name (Please Pri	l int) <u>Mark C</u>	Suethle		
	city Warth	Ayrorg	State <u></u>		Zip 60542
II.	REPRESENTATIO	DN (This section is to be	e filled if the witness is	appearing on behalf of any	group, organization or other
		tion, etc. represe	nted in this app	earance (i.e., ABC Co	ncerned Citizens for
	Health Care)	untero D	istrict	Coussil	#30
	Auro	a El	. 630-	Coulsil 450-8354	
	605	-06			
111.	POSITION (Circle	e appropriate pos	ition)		
	Support		Oppose	Neutral	
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Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Number: 16-054			
IDENTIFICATION Name (Please Print) Fadio	Akrabawi		
city_DeKalb	State 1L	Zip	6011
REPRESENTATION (This section is to entity.) Entity, Organization, etc. repre Health Care)	sented in this appeara		
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POSITION (Circle appropriate p	nosition)		
POSITION (Circle appropriate pupport)	oosition) Oppose	Neutral	



Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project N	lumber: 16-054
l.	IDENTIFICATION Name (Please Print) Bridget Ovth
	city Winnetka state 1L zip 60093
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)
	Northwestern Memorial Health Care
III.	POSITION (Circle appropriate position)
	Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
State
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State
Fig. State
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Public Hearing Appearance Only Registration Form



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Public Hearing Appearance Only Registration Form

Project Number: 16-054 KEVIN Poolten I. IDENTIFICATION Name (Please Print) Sycamore State IL ___Zip_ 60178 REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other 11. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) NM KISh III. POSITION (Circle appropriate position) Support Oppose Neutral



Facility N	lame: Northwestern Medicine Kishwaukee Health &	Fitness Center
Project N	lumber: 16-054	
l.	IDENTIFICATION Name (Please Print) Vave Cargi	· : .
	City Rockford State IL	zip 61108
JI.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of an entity.)	y group, organization or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC C Health Care)	oncerned Citizens for
	. :	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Public Hearing Appearance Only Registration Form



Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

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1.	IDENTIFICATION Name (Please Print) Lance Mc 61/		:
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ji.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any grentity.)		
	Entity, Organization, etc. represented in this appearance (i.e., ABC Con Health Care)	cerned Citiz	ens for
	INDE Local 150 Coperas	ting ;	Enci
		<i>J</i> .	
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	i i j	:-	
ı III.	POSITION (Circle appropriate position)		
	Support Oppose Neutral		



Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Project N	lumber: 16-054
l.	IDENTIFICATION Name (Please Print) Marge Johnson
	City Sycamore State IL zip 60178
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) Muself
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III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

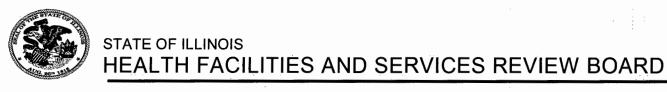
I. IDENTIFICATION
Name (Please Print)

City Sycience State De Zip Got 8

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)

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Project N	Number: 16-054				
I.	IDENTIFICATION Name (Please Print) でない	eol H	161	:	
	City Sycam ORE	State	IL	Zip_	60178
II.	REPRESENTATION (This section entity.) Entity, Organization, etc. rep Health Care)				
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III.	POSITION (Circle appropriat	e position)			
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Northwestern Medicine Kishwaukee Health & Fitness Center

Name (Please Prin	n Charlese Riefle	<u> </u>	: .
City Deka	State]ι	Zip
REPRESENTATION	(This section is to be filled if the witness is ap	pearing on behalf of any	group, organization
entity.)			
	on, etc. represented in this appear	rance (i.e., ABC Co	ncerned Citize
Health Care)			• • • • • • • • • • • • • • • • • • • •
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POSITION (Circle	appropriate position)		·.
POSITION (<i>Circle</i> Support	appropriate position) Oppose	Neutral	



Project N	lumber: 16-054
I.	IDENTIFICATION Name (Please Print) City Dekalb State State Zip 60/20
JI.	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) Public
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 16-054

City <u>3270</u>	MB	State	I2	Zip
REPRESENTATIO	ON (This section is	to be filled if the wit	ness is appearing on bel	nalf of any group, organizat
	ntity, Organization, etc. represented in this appearance (i.e., ABC Conce			ABC Concerned Citi
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Public Hearing Appearance Only Registration Form