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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION
Name *(Please Print)* __Ashley Weinrich__

City __Crystal Lake__ State __IL__ Zip __60012__

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)

__Centegra Health System__

III. POSITION (*please circle appropriate position*)

Support   (Oppose)   Neutral

IV. Testimony (*please circle*)

(Oral)   (Written)

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION
    Name (*Please Print*) Joe Ourth

    City Chicago   State IL   Zip 60606

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)
    Arnstein d Lehr   on
    behalf   of   Advocate

III. POSITION (*please circle appropriate position*)

        Support   (Oppose)   Neutral

IV. Testimony (*please circle*)

        (Oral)   (Written)

2/21/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I.   IDENTIFICATION
        Name (*Please Print*) Grace Fabrizius

        City Maple Park _____ State IL _____ Zip 60151

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): Centegra Health System

III.   POSITION (*Circle appropriate position*)

        Support   (Oppose)   Neutral

2/21/17