

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.	Name (Please Print) AShley Weinrich City Crystal Lake State [L 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 (<i>please circle</i>)				
(Oral Written				

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

IDENTIFICATION Name (Please Print) City Chitology REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citiz Health Care) ARW Rin Cherry POSITION (please circle appropriate position) Support Oppose Neutral				
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Support Oppose Neutral	POSITION (please circle appropriate position)			
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Testimony (please circle)	Support	Oppose	Neutral	
Testimony (please circle)				
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STATE OF ILLINOIS

Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Medical Office Building

II. POSITION (Circle appropriate position)

Support

State TL Zip 60151

III. POSITION (Circle appropriate position)

Support

Oppose Neutral