

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Ojeci	. Number. 17-001		
I.	Name (Please Print) Magaret L. De	efelein	
	Name (Please Print) Mayaret h. De City Woods To Ch State	<u> </u>	p <u>40098</u>
11.	REPRESENTATION (This section is to be filled if the witness is a entity.)	opearing on behalf of any group	o, organization or other
	Entity, Organization, etc. represented in this appear Health Care)	irance (i.e., ABC Conce	rned Citizens for
	Concerned Citizen	:	
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Ш.	POSITION (Circle appropriate position)		
	Support Oppose	Neutral	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

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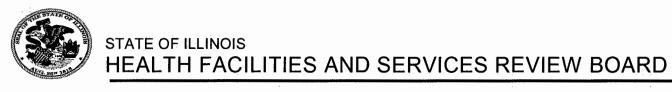


Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

IDENTIFICATION /	SUG HAWTHU	3.0 117	:
Name (Please Print)	1806		
City HARVARD	State	<u>-</u>	Zip 600
REPRESENTATION (This section is entity.)	to be filled if the witness is app	earing on behalf of any gro	up, organization
Entity, Organization, etc. repr	esented in this appear	ance (i.e., ABC Conc	erned Citizer
Health Care)		,	
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POSITION (Circle appropriate	nosition)		
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Project Number: 17-001

Public Hearing Appearance Only Registration Form

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entity.)	to be filled if the witness is o	appearing on behalf of anv	
F-122 0 : -121-		,	group, organization or o
Entity, Organization, etc. repr	esented in this appe	arance (i.e., ABC Co	ncerned Citizens
Health Care)	'Harvard		
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POSITION (Circle appropriate	position)		
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Facility N	lame: MercyHealth and Medical Center – Medical Office Building
Project N	Number: 17-001
I.	IDENTIFICATION Name (Please Print) US 164 No. 87
	city fox (1Ull (Mave state Ic zip 600//
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
· · ·	



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Name (Please Print) ATRIC	K CRANLRY	
City MANISON	State W/	Zip_537
REPRESENTATION (This section is	to be filled if the witness is oppearing o	n behalf of ony group, organization
entity.)		
Entity, Organization, etc. repre	esented in this appearance (i.e., ABC Concerned Citize
Health Care) Meca (realth	
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POSITION (Circle appropriate	position)	



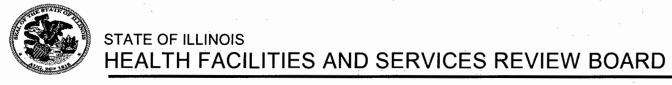
Public Hearing Appearance Only Registration Form

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Entity, Organization, etc. represente Health Care)	d in this appear	ance (i.e., ABC	Concerned (Citize
nealth care)				:
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Facility Name: MercyHealth and Medical Center – Medical Office Building

Project	Number: 17-001	
l.	IDENTIFICATION Name (Please Print) Indica Zimmerman	i e
	City Miltun State WI	Zip 53563
JI.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Health Care)	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutra	al



Facility Name: MercyHealth and Medical Center – Medical Office Building

iumber. 17-001		
IDENTIFICATION Rame (Please Print)	e Dooma	
Name (Please Print) Kene City Janesville	State Wi	Zip
REPRESENTATION (This section is to I	be filled if the witness is appearing o	n behalf of any group, organization
entity.)		
Entity, Organization, etc. repres	ented in this appearance (i	i.e., ABC Concerned Citize
Health Care)		
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POSITION (Circle appropriate po	osition)	·
POSITION (Circle appropriate po	osition) Oppose	Neutral



Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

Name (Please Print)/	Mary Rekowski	
cityJonasuille	State WI	zip_53546
entity.)	on is to be filled if the witness is appearing of	
		: .
POSITION (Circle approprie	ate position)	



Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

Name (Please Print)	Chuck Rei	ter	
city RUCKFOW)	State	エレ	zip 61103
REPRESENTATION (This se	ction is to be filled if the witnes	s is appearing on behalf of an	y group, organization or ot
Entity, Organization, etc Health Care)	. represented in this ap	opearance (i.e., ABC C	oncerned Citizens f
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POSITION (Circle approp	oriate position)		
Support	Oppose	Neutral	



Public Hearing Appearance Only Registration Form

Name (Please Print) Stary Furbert City Roscoe State 1 REPRESENTATION (This section is to be filled if the witness is appearing on belentity.) Entity, Organization, etc. represented in this appearance (i.e., Health Care)	z _{ip} 610
REPRESENTATION (This section is to be filled if the witness is appearing on belentity.) Entity, Organization, etc. represented in this appearance (i.e.,	z _{ip} 610
entity.) Entity, Organization, etc. represented in this appearance (i.e.,	half of any group, organization
Entity, Organization, etc. represented in this appearance (i.e.,	
Health Care)	, ABC Concerned Citize
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POSITION (Circle appropriate position)	
(Support) Oppose N	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Medical Office Building



Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I.	Name (Please Print) Brooke Spencer
	city Rockford State IL zip 61109
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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III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

1. IDENTIFICATION Name (Please Print) Rebecca Core City Delavan State W Zip		Ш5
City Delavan State Wi Zip		115
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, or entity.)	rganizat	ion or other
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerne Health Care)	ed Citi	zens for
Representing Mercy Health	:	
		:
		:
III. POSITION (Circle appropriate position)		
Support Oppose Neutral		: ::::



Public Hearing Appearance Only Registration Form

Project N	Number: 17-001
l.	IDENTIFICATION Name (Please Print) O 1001
	City Kackbad State IC zip 61/03
U.	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) Mevcy health Hospital - Rockton Ave.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility I	Name: MercyHealth and Medical Center – Medical Office Building
Project N	Number: 17-001
l.	Name (Please Print) PATRICIA MEDICE
	City ROCKARD State 12 zip 6/103
H.	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) Mercy health tospital—
	Rocketon Avenue
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III.	POSITION (Circle appropriate position)
. (Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Medical Office Building

I. IDENTIFICATION Name (Please Print) Deby State Joseph Jo



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

IDENTIFICATION Name (Please Print)	GRETCHEN FINI	E4
city LAKE GEN	EVA State W/	zip 531
REPRESENTATION (This s	section is to be filled if the witness is appearin	ng on behalf of any group, organization o
entity.)	to represented in this appearance	a /i a ARC Concorned Citizen
Health Care)	tc. represented in this appearanc	e (i.e., ABC Concerned Citizen
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POSITION (Circle appro	opriate position)	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project N	lumber: 17-001	
l	IDENTIFICATION Name (Please Print) JOE MILANESE	
	City CoHASE GTOUS State WI	Zip <u>\$3527</u>
11.	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)	
		: ::
	Mercyhealth	
		: .
111.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

Name (Please Print) Candace Thompson		
city Janesville State WI	Zip53	354
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any entity.)	group, organize	ation or
Entity, Organization, etc. represented in this appearance (i.e., ABC Co	ncerned Ci	tizens
Health Care) Mercyhealth		· · ·
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POSITION (Circle appropriate position)		
Support Oppose Neutral		



Public Hearing Appearance Only Registration Form

Project	Number: 17-001
l.	Name (Please Print) Kathryn Adams
	City Machesney Park State 12 zip 6/115
11.	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)
	Mercy health Corporation
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility I	Name: MercyHealth and Medical Center – Medical Office Building
Project I	Number: 17-001
I.	IDENTIFICATION Name (Please Print) Morgan Landi
	City Delayer State WI zip 53115
ĮI.	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)
	Mercy health Corporation
111.	POSITION (Circle appropriate position)
· .	Oppose Neutral



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

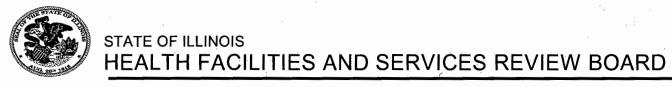
Name (Please Print)	a Boach		. :
city Janes ville	State	Ji	Zip 53 5
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entity.) Entity, Organization, etc. re	enresented in this anneau	rance (i.e. ABC Con	cerned Citizér
Health Care)	epresented in this appear	ance (i.e., ADC cor	cerned citizer
Mercy	Hoth		
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POSITION (Circle approprie	ate position)		



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	Number: 17-001			
1.	Name (Please Print) Karina Surdick			4
	city Janesville state WI	No	zip <u>535</u>	47
11.	REPRESENTATION (This section is to be filled if the witness is appearing on be entity.) Entity, Organization, etc. represented in this appearance (i.e.		· .	: .
	Health Care) Mercy Nealth			
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III.	POSITION (Circle appropriate position)		· · · · · · · · · · · · · · · · · · ·	
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Facility Name: MercyHealth and Medical Center – Medical Office Building

City_ JANESVIL	LESta	teW_[<u>Zip</u>
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Entity, Organization, et	c. represented in th	nis appearance (i.e	., ABC Concerned Citiz
Health Care)	health		
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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 1. IDENTIFICATION Name (Please Print) 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) Serayttealth III. POSITION (Circle appropriate position) Support Oppose Neutral



Project Number: 17-001

Support

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

II. IDENTIFICATION
Name (Please Print)

City Loc Haw State L Zip Clly

III. 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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Oppose

Neutral



cility	ivalie. Wereynealth and Wealear Center - Wealear Office Ballaning
oject	Number: 17-001
I.	Name (Please Print) Theresa Hollinger
	City Byron State It zip 61010
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)
	Mercyhealth - in support of hospital
	and medical center projects
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	Number: 17-001				
l.	IDENTIFICATION Name (Please Print) Kara San City ORFORDVILLE	kej		· ·	
	City ORFORDVILLE	State 411		zip 53876	
Н.	REPRESENTATION (This section is to be filled in entity.) Entity, Organization, etc. represented Health Care)	f the witness is appea			
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III.	POSITION (Circle appropriate position)		Noutral		
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	t Number: 17-001				
I.	IDENTIFICATION Name (Please Print) Kathe	r, ne	Kug		. :
,	City Janesville	State	W.T.	Zip_	53548
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represented the Health Care)		•		
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III.	POSITION (Circle appropriate posi	tion)			
: .	Support	Oppose	Nei	utral	:



Public Hearing Appearance Only Registration Form

Project f	Number: 17-001	
1.	IDENTIFICATION Name (Please Print) Meagen Romer	
	city Wood Stock state IL	Zip 60098
H.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any grentity.)	oup, organization or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Con Health Care)	cerned Citizens for
III.	POSITION (Circle appropriate position)	: .
	Support Oppose Neutral	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Medical Office Building

I. IDENTIFICATION
Name (Please Print)

City
State

State

Zip

S35

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)

Health Care

POSITION (Circle appropriate position)

Support

Oppose

Neutral



Public Hearing Appearance Only Registration Form

Project N	Number: 17-001			•	
l.	IDENTIFICATION Name (Please Print)	DANIE	L LA	ultr	
: *	City Chelups		State/		Zip_66666
II.	REPRESENTATION (This sentity.)	section is to be fille	ed if the witness is a	ppearing on behalf of any	group, organization or other
	Entity, Organization, et Health Care) Bakens 2	•			
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III.	POSITION (Circle appro	opriate positio	on)		
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Public Hearing Appearance Only Registration Form

Proje	ct Number: 17-001
1.	Name (Please Print) Kostum De Coster
	City Rockford State 12 Zip 6/184
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) Myywall
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III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Medical Office Building

I. IDENTIFICATION Name (Please Print) THISH REED

City ______ State _____ Zip 53500

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

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

III. POSITION (Circle appropriate position)

Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project N	Number: 17-001		
I. **	IDENTIFICATION Name (Please Print) Baw Bortner		
	city Rodiford So Wistate NO 1	_Zip	.*
H.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any greentity.)	oup, organization	or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Condition Health Care) Merashealth	erned Citize	ns for
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III.	POSITION (Circle appropriate position)		
	Support Oppose Neutral		



Facility Name: MercyHealth and Medical Center – Medical Office Building				
Project N	Number: 17-001			
l.	IDENTIFICATION Name (Please Print) LINDSey ChiChelhur			
: . :	Name (Please Print) Undsey Chicknehw City Chystal Label State II	zip LOOUY		
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of an entity.)	ny 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			



Project Number: 17-001						
I.	Name (Please Print) Way McNamara					
	city Janesville state Wisconson zip 53548					
ļi.	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					



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project I	Number: 17-001
l.	Name (Please Print) Michelle Hintz
	City Roscoe State IL zip 6107-3
Hi.	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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III.	POSITION (Circle appropriate position)
: :	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

Project I	Number: 17-001	•
I.	Name (Please Print) Bethy Martensen	· .
	City On Jul ala State Tr	Zip
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any groentity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Conc. Health Care)	
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III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility N	lame: MercyHealth and Medical Center – Medical Office Building
Project N	lumber: 17-001
I.	IDENTIFICATION Name (Please Print) City Squesul State W zip 535
11.	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



Facility	Name: MercyHealth and Medical Center – Medical Off	ice Building
Project	Number: 17-001	
l.	IDENTIFICATION Name (Please Print)	
	City State	zip LONL
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC College Health Care)	
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		· .
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Project Number: 17-001

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

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REPRESENTATION (This section entity.)	on is to be filled if the witne	ss is appearing on b	ehalf of any g	roup, organization
Entity, Organization, etc. re Health Care)	epresented in this a	ppearance (i.e	., ABC Cor	cerned Citize
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POSITION (Circle approprie	ate position)			
Support	Oppose		Neutral	



Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

1.	IDENTIFICATION Name (Please Print)	ie Wagne	24
	city Machesney Por	K State JC	zip 41115
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represented the Care) Murcyhealth Murcyhealth		
III.	POSITION (please circle appropri	iate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



	Name: MercyHealth and Medical Number: 17-001	center – Medic	cai Office	bulluling	-: :
l. .	IDENTIFICATION Name (Please Print) BRIANT CR SO	<u>;</u>		: 	:
	City Macerco Sta	te <u> </u>	Z	ip 6015c	
н.	REPRESENTATION (This section is to be filled if the entity.) Entity, Organization, etc. represented in the				
	Health Care) LABORCES COGNI (03			:	
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III.	POSITION (Circle appropriate position)	:			
	Support	se N	eutral		



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	Number: 17-001	
I.	Name (Please Print) (Mristine Moss	
	City Rockford State IL z	ip 61103
II.	REPRESENTATION (This section is to be filled if the witness is oppearing on behalf of any groupentity.)	p, organization or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Conce Health Care)	rned Citizens for
		:.
III.	POSITION (Circle appropriate position)	#
(Support Oppose Neutral	



Project Number: 17-001

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Name (Place Print)	hole Lin	nort	.:
wante (Fleuse Frint) 71 177	$\eta v = -i \rho$	13/	
Name (Please Print) MICL	d State	\mathcal{A}	Zip /ø/
REPRESENTATION (This section is	to be filled if the witness is	appearing an behalf of an	y group, organization
entity.)			: .
Entity, Organization, etc. repre	esented in this appe	arance (i.e., ABC C	oncerned Citize
Health Care) Mercy healt	10		
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- Jule Voy name 7			
POSITION (Circle appropriate)	· · · · · · · · · · · · · · · · · · ·		
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

roject	: Number: 17-001			:
I.	IDENTIFICATION Name (Please Print)	1 Frey	1	
	City Chyo State U	<u> </u>	Zip <i></i>	1114
II.	REPRESENTATION (This section is to be filled if the witness is appearantity.)	aring on behalf of any	group, organizat	tion or other
	Entity, Organization, etc. represented in this appeara	nce (i.e., ABC Co	ncerned Citi	izens for
	Health Care)			
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	Mora Laly		· :	· · · · · · · · · · · · · · · · · · ·
	Mora halk			
	Mora Walk			
III.	POSITION (Circle appropriate position)			



Public Hearing Appearance Only Registration Form

Project	Number: 17-001	
l.	Name (Please Print) Ske Schrieber	· :
:	City Fockford State I	zip 6114
(I.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any gentity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Con Health Care)	ncerned Citizens for
		: " "
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	Number: 17-001				
I.	Name (Please Print)	ert W	Altens		: '
	city Rockful	State _	IL	Zip	61117
H.	REPRESENTATION (This section is to entity.)	o be filled if the witne	ess is appearing on behalf of	any group, organ	nization or other
	Entity, Organization, etc. repre Health Care)	sented in this a	ppearance (i.e., ABC	Concerned	Citizens for
	Morey heretz		•		······································
111.	POSITION (Circle appropriate p	oosition)			
	Support	Oppose	Neutra	al	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	Number: 17-001					
l.	IDENTIFICATION Name (Please Print) Carolin	Benyts	and			
	city_Ruckfurd	State _		····	Zip U11	<u>v3</u>
11.	REPRESENTATION (This section is to be entity.)	e filled if the witn	ess is appearing on	behalf of any gr	oup, organization	or other
	Entity, Organization, etc. represented Health Care) Mercy nealth	nted in this a	appearance (i.	e., ABC Con	cerned Citize	ns for
				•		
					:	
III.	POSITION (Circle appropriate pos	ition <u>)</u>			:	1:-
	Support	Oppose		Neutral		



Project Number: 17-001

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

City ELGIN		State	14	Zi	р <u></u>
REPRESENTATION (τ	This section is to be	filled if the witness	s is appearing on bei	half of any group), organiza
entity.)				:	
Entity, Organization,	, etc. represen	nted in this ap	pearance (i.e.,	ABC Conce	rned Cit
Health Care)					
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OSITION (<i>Circle ap</i>	propriate posi	ition)			·.
OSITION (Circle ap)	propriate posi	ition)			·.



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project N	lumber: 17-001
l. :	Name (Please Print) Rand & Benish
	City Januarille State WI Zip 53548
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)
111.	POSITION (Circle appropriate position)
(Support Oppose Neutral



Public Hearing Appearance Only Registration Form

Project	Number: 17-001			· · · · · · · · · · · · · · · · · · ·
l.	IDENTIFICATION Name (Please Print)	JOHN KE	€H0 €	
	city Rockfo	State I	Zip_	61107
II.	entity.)	ection is to be filled if the witness is apposed.		
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		· · · · · · · · · · · · · · · · · · ·		
	:			
111.	POSITION (Circle appro	priate position)		
	Support	Oppose	Neutral	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

IDENTIFIC	CATION : ease Print)	SHAW	Davi	D	<u> </u>	
City _	OCKFO	ORD	State	<u> </u>	Zip	611
REPRESEN	NTATION (Thi	is section is to be	filled if the witness is ap	pearing on behalf of	any group, orga	nization
		etc. represei	nted in this appea	rance (i.e., ABC	Concerned	Citize
	.	 	· · · · · ·	<u> </u>		
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· · · · · · · · · · · · · · · · · · ·		:				
		<u> </u>				



Public Hearing Appearance Only Registration Form

oject i	Number: 17-001	
1.	Name (Please Print) Memory	
	City New Lenox State /L. Zip	60451
H.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, or entity.)	ganization or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned	ed Citizens for
	Health Care) Local 17 Heat + Frost Insulate	irs
	I represent Many Members of the	h's
	area who would support the job:	
	services from this project.	
III. .	POSITION (Circle appropriate position)	<u>:</u> :
:	Support Oppose Neutral	, ,



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project I	Number: 17-001
l.	Name (Please Print) JOHN KRA VINAS
	City CRYSTAL LAKE State IZ Zip Gool4
H.	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 CRISTAL LAKE AND A
	PRTIKED UNION CAXPENTER LOCAL 2087
	Mc HONKY COUNTY
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral