



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) Jeni Hallatt

City Lake Geneva State WI Zip 53147

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

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Charles "Chuck" Wheeler

City

McHenry

State

IL

Zip

60050

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)

Chairman, Public Health & Community Services
~~Human Services~~ Committee

McHenry County Board Dist. 4

President, The Health Ins. Mart Agency Inc.

Treasurer, McHenry County

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Wesley M. Jost

City

Fox River Grove

State

IL

Zip

60041

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)

Mercy Health

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

VERNON A. BAUMAN

City

Crystal Lake

State

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)

Resident

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



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) Michael Kelly

City Harvard State ILLINOIS Zip 60033

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 Harvard

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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) Lindsey Knickrehm
City Crystal Lake State IL Zip 60014

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

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)

DOUG HAWTHORNE

City

HARVARD

State

IL

Zip

60033

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)

MERCY

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 Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

MARIA LOOMAN

City

CRYSTAL LAKE

State

IL

Zip

60021

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)

Mercy Health Systems

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

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)

Donna Kurtz

City

Crystal Lake

State

IL

Zip

60014

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)

McHenry County Board
Member

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

17

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

John Renert

City CRYSTAL LAKE State IL Zip 60014

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)

McHENRY COUNTY BOARD DIST 2

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Benjamin Slack

City

Crysh Lake

State

IL

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)

Epilepsy Foundation

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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) Casey Aaefts
City Cary State IL Zip 60013

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)

Mercy Health

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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) KRISHANTHI SENEVIRATNE

City Crystal Lake State IL Zip 60014

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)

Mercy Health

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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) Ladd W. H.

City Janesville 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)

MercyHealth

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Rod Gabbert

City

Crystal Lake

State

IL

Zip

60014

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

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Ruth Yarbrough

City

Janesville

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)

MercyHealth

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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) Jennifer Whitwell

City McHenry State IL Zip 60050

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

III. POSITION (please circle appropriate position)

☒ Support

Oppose

Neutral

IV. Testimony (please circle)

☒ Oral

Written



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) Emily Shuen

City Crystal Lake State IL Zip 60014

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)

Mercy 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

37

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Dan McLaughlin

City

CRYSTAL LAKE

State

IL

Zip

60014

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)

Chicago ~~Area~~ Regional Council of Carpenters
& Resident of Crystal Lake IN FAVOR
of this medical facility & project!

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

39

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print) BILL Supernaw

City Delavan State WI Zip 53115

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

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

39

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

VALERIE JOHNS

City

WOODSTOCK

State

IL

Zip

60098

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)

Mercy Health

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

41

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

City

State

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



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)

Kimberlee Przybysz

City

~~Woodstock~~
Crystal Lake

State

IL

Zip

60098

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

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

JOAN Devito

City

LL

State

IL

Zip

60014

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)

Mercy Health

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Maria Cuchna

City

Woodstock

State

IL

Zip

60098

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

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



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)

Christine Lippert

City

Crystal Lake

State

IL

Zip

60014

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)

Mercy health

III.

POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV.

Testimony (please circle)

Oral

Written



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)

Deborah Morley

City

~~Rockford~~
Crystal Lake - Algonquin

State

IL

Zip

60050

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)

Mercy Health Supporter & Partner

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) Terri Kaywood

City McHenry State IL Zip 60051

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)

Mercy health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) Shonda Skelton

City Woodstock State IL Zip 60098
work in Crystal Lake IL 60098

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



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)

Jennifer Hall

City

Rockford

State

IL

Zip

61107

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) Kendra Rishling
City Wonder Lake State IL Zip 60097

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)

Mercy Health

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: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

JOE MILANESE

City

Cottlet Grove

State

WI

Zip

53527

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

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)

~~Pete Olson~~ Bob Passarella

City

~~Vero~~

State

IL

Zip

~~60073~~

CRYSTAL LAKE

60014

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)

~~POWERS LOCAL 130~~

Mc Henry County Building TRADERS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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)

Ronald Eck

City

Woodstock

State

IL

Zip

60098

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)

Bus. Rep. Carpenters local 2087

Serving Mc Henry Co. IL

Approx. (360 Members & Families)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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) WILLIAM LOE

City SKOKIE State IL Zip 60077

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)

CARPENTERS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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)

Tim Keough

City

Crystal Lake

State

IL

Zip

60014

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)

Voter, Carpenters

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

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)

Tracey Klein

City

Brookfield

State

Wisconsin

Zip

53005

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)

Mercy Health

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I. IDENTIFICATION

Name (Please Print)

Mike Tichenor

City Crystal Lake

State IL

Zip 60014

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)

Just Me

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

- Lived IN C.L. since 1952, I'm very blunt
- I'm A Huge supporter of Mercy
DR. SHAN DR. DAVID
I've HAD A HEART ATTACK 2 strokes 2/21/17
my wife HAS ALS, cancer, HEART valve problem
The experts say how easy IT IS to
get to the other HOSPITALS. Try getting to
them ON A FRIDAY with 4 screaming kids
- How come all the people who want this
ARE ALL C.L. RESIDENTS, AND ALL the people
who say NO WORK FOR the other HOSPITALS
AND DON'T LIVE IN CRYSTAL LAKE!



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) Madalene River

City CRYSTAL LAKE State IL Zip 60014

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)

SELF / LURAC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

2/21/17