



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print) PAUL LAUDICK

City WOODSTOCK State IL Zip 60090

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

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print) CHRISTINE HORLACHER

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)

CONCERNED CITIZEN

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print)

Katherine Schultz

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print) John Kunzie

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print) Judie Kunzie

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print)

Matron, Tiffney

City

Madison Woods Lake

State

IL

Zip

60068

**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

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print) CARL E MICK

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print)

Diane J. Mick

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)

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**III.**

**POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print)

RICHARD GUY

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)

none

**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print)

Phyllis Guy

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)

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**III.**

**POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print)

KATHYANN MEYER

City

WOODSTOCK

State

IL

Zip

60092

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

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**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** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Huntley**

**Project Number: 17-037**

**I. IDENTIFICATION**

Name (Please Print)

ALAN BECKMAN

City

WOODSTOCK

State

IL

Zip

60091

**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

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

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 (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print)

MINRY KONKEL

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)

Concerned Citizen + Employee

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print)

Fran Krueger

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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print) Melissa J. Rhino

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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Centegra Hospital – Huntley**

**Project Number: 17-037**

**I. IDENTIFICATION**

Name (Please Print) \_\_\_\_\_

City Mundelein State ILL 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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print)

PATRICIA ATWATER

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)

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**III.**

**POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print) Krista Coltrin

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print)

BONNIE A. LEFEBRE

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print)

Christine Howatt

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)

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III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print)

Delores Hartlieb

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)

Concerned citizen for Health Care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

X

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

**Facility Name:** Centegra Hospital – Huntley

**Project Number:** 17-037

**I. IDENTIFICATION**

Name (Please Print) Thomas Skultz

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)

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**III. POSITION** (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS

## HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print) Jane Goebel

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)

Concerned Citizen for Health Care

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

I. IDENTIFICATION

Name (Please Print)

MARY E. SUGDEN

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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

10/2/17