



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital - Huntley

Project	Number: 17-037		
l.	IDENTIFICATION Name (Please Print) DAI	V LAWLER	
	City Chicago	State 1	Zip 60606
11.	entity.)		on behalf of any group, organization or other (i.e., ABC Concerned Citizens for
	Health Care)	3 2 THORNBU	
III.	POSITION (please circle appro	opriate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Orál	Written	





Public Hearing Testimony Registration Form

Facility N	Name: Centegra Hos	spital – Huntley			
Project N	Number: 17-037	146			
l.	IDENTIFICATION Name (Please Print) City	DR. Brock State	ZUNDS	MAYOR Zip 60098	
II.	REPRESENTATION (This see entity.) Entity, Organization, etc. Health Care)				
	CITY OF	Wood	STOCK		
	10 12 10 10				
III.	POSITION (please circle appropriate position)				
	Support	Oppose	Neutral		
IV.	Testimony (please circle)			
	Oral	Writte	1		



Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17-037

IDENTIFICATION Name (Please Print)	Dr. Brian Sager, Mayor of Woodstock		
City Woodstock	k State Illinois	Zip_ 60098	
REPRESENTATION entity.)	(This section is to be filled if the witness is appearing or	n behalf of any group, organization or ot	
• •	n, etc. represented in this appearance (i	i.e., ABC Concerned Citizens f	
City of Woodsto	ock		
POSITION (please	circle appropriate position)		
Support	0	Noutral	
	Oppose	Neutral	
Testimony (please		Neutral	