

riojecti	Number: E-004-19
l.	Name (Please Print) Obduli a Relomares.
	city Mel Rose State 12 zip 60160
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 (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

IDENTIFICATION Name (Please Print) Hana	2	Helesiu		
city Melrose Park	State	1_	Zip	6016
REPRESENTATION (This section is to be fill entity.)	led if the witne	ss is appearing on behalf of	any group, org	anization or oth
Entity, Organization, etc. represented Health Care)				
POSITION (Circle appropriate positi	ion)			
Support \	Oppose	Neutr	al	



Project N	Number: E-004-19
1.	IDENTIFICATION Name (Please Print) TESSIE Rodrigus
	City Melrose Park State TL Zip 60160
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)
6	· · · · · · · · · · · · · · · · · · ·
III.	POSITION (Circle appropriate position)
	Support Oppose Neubal



Project Number: E-004-19

l.	Name (Please Print) Kryskyna (vellar
	city Melvose Park State IL Zip 60160
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 ppose Neutral



**Project Number: E-004-19** 

#### **Public Hearing Appearance Only Registration Form**



Project N	łumber: E-004-19
l.	IDENTIFICATION Name (Please Print)  ALGUNIA TIVEYS
	City Maywood State 11 zip 60153
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) Strengthening Proviso Youth NEP
	Hillside, VL 60162
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

I.	IDENTIFICATION
	Name (Please Print) Vlanul M. Lubbers
	city Melvo& Parkstate II, zip_
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)
	Employee of Westlake and this will
	effect me greatly.
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: Westlake Hospital, Melrose Park, Illinois

I. IDENTIFICATION
Name (Please Print)

City Me rose Park State

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)

Employee

III. POSITION (Circle appropriate position)
Support

Oppose Neutral



### STATE OF ILLINOIS

Facility Name: Westlake Hospital, Melrose Park, Illinois

### HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Maria Law City Melvo-Se law Estate L zip Lollo City Dentity.)

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

The plant of West all Mestina Citizens for Health Care Of West all Mestina Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

## Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

VIRIS IN IA GRECO

City

North Awara State

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)

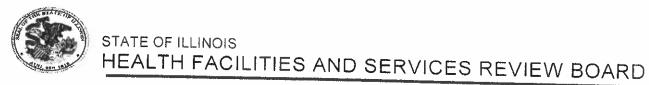
Couplage y Westare Hosp.

III. POSITION (Circle appropriate position)

Support

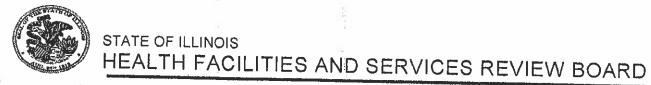
Oppose

Neutral



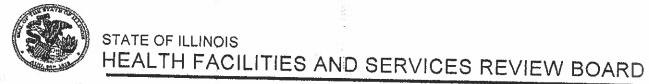
Facility Name: Westlake Hospital, Melrose Park, Illinois

1,	Name (Please Print) Elaine Estridye
	City Melrose Park State II Zip 60160
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) Westlance employee that will
	be impacted by aclosure!
<b>111.</b>	· POSITION (Circle appropriate position)
	Support Oppose Neutral



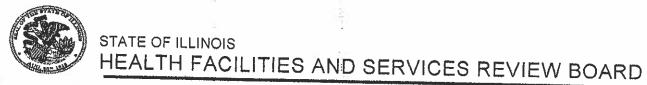
Facility Name: Westlake Hospital, Melrose Park, Illinois

ł,	Name (Please Print) JUVY CHENG
	city Mel vo se Park State IV Zip 60160
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

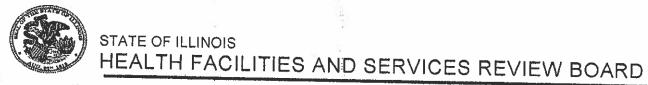


Facility Name: Westlake Hospital, Melrose Park, Illinois

IDENTIFICATION Name (Please Prin	mirice	m E	trada	22	
city Melvo	u Parn	State	T(.	zip (Q(	01110
REPRESENTATION	N (This section is to be fille	ed if the witness is (	appearing on behalf of an		15
Entity, Organizati Health Care)	on, etc. represente Employe	d in this appe	arance (i.e., ABC C	oncerned Ci	tizens for
		i i			
POSITION (Circle		IE.			N
	appropriate positio				
Support		Oppose	Neutral		



Project I	Number: E-004-19
I, <sub>///</sub>	IDENTIFICATION Name (Please Print)  VER DORRIS
	city Bellwood State IL zip Coolo
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)
	G
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

I.	Name (Please Print) Maria BerrosPe
	City Mage State IL Zip 6010
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)
	EMPloyee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



### STATE OF ILLINOIS

### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Project N	Number: E-004-19	
l.	IDENTIFICATION Name (Please Print)	1 200-500
	city Lansing	State // Zip 60488
II.	entity.)	the witness is appearing on behalf of any group, organization or other
	Health Care)	
		Si
	¥ .	
		9
111,	POSITION (Circle appropriate position)	
	Support	pose Neutral



## HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

I. IDENTIFICATION
Name (Please Print) JAYA PANICKER.

City ELminurs + State 12 Zip 60123

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)

CMADGE

III. POSITION (Circle appropriate position)
Support

Oppose
Neutral



**Project Number: E-004-19** 

city Lombod	State IL	zip_60/48
REPRESENTATION (This section is	to be filled if the witness is appearing	on behalf of any group, organization
entity.)		
Entity, Organization, etc. repr	esented in this appearance	(i.e., ABC Concerned Citize
Health Care) Employee of Westle	also bacostal	
Employee of west to	ne 105/1401	
		155
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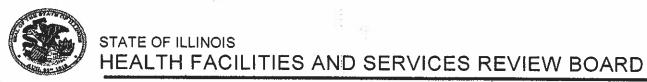


Project Number: E-004-19

# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

ł.	IDENTIFICATION
	Name (Please Print) MANUEL MARTINEZ TR.
	Name (Pieuse Print)
	Mr. Doc-DADO
	City MEIROSFPARL State IL Zip 60160
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)
	CHARENT PATTENT, FORMER WORKER IN X-RAY
	d and the state of the
	DEPARMENT - 45 YEARS WORKED HERE AT
	WESTLAKE, RETIRED IN 2012, STUDY FOR X-RAY
	- W. O. T.
	DID INTERSHIP AT THIS HOSTAL THRU TRITON.
	WHERE WILL OUR PEOPLE IN OUR COMMUNITY
	GD 2
III.	POŚITIOŃ (Circle appropriate position)
	Support Oppose Neutral
	Support Oppose / Weutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

city Melmose Park	State	IL	Zip <i>601</i>
REPRESENTATION (This section is	to be filled if the witness	is appearing on behalj	f of any group, organization
entity.)			
Entity, Organization, etc. repr	esented in this ap	pearance (i.e., A	BC Concerned Citize
Health Care)			
<u> </u>		<u> </u>	11
Employee			¥.
- OTTO TO YOU			
POSITION (Circle appropriate			



## HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility	Name: Westlake Hospital, Melrose Park, Illinois
Project	Number: E-004-19
l.	Name (Please Print) Patricia Witherington
	city 12 Rose Park State II zip 10016
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)
	Patient
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral
	2(12)



### Public Hearing Appearance Only Registration Form

Project N	Number: E-004-19
1.	Name (Please Print) Thomas Morre
	City NORTH CAKE State The Zip 40164
П.	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) Patient
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

	122		
IDENTIFICATION Name (Please Print)	Usan	Lorena	Q
city MELLOSE	State	IL	Zlp
REPRESENTATION (This section is t entity.)	o be filled if the witness	is appearing on behalf of an	y group, organization or other
Entity, Organization, etc. repre Health Care) Patu	esented in this ap	pearance (i.e., ABC C	Concerned Citizens for
	# 5 1 2 1 2	. 4	
POSITION (Circle appropriate	position)		*
Support	Oppose	) Neutra	I



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form



#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION Name (Please Print) State 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

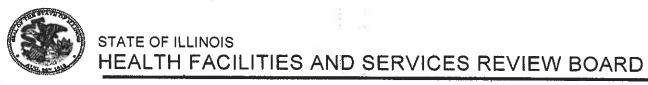


### Public Hearing Appearance Only Registration Form

Number: E-004-19
Name (Please Print) ANNA-MARTA MARTINEZ
City MELROSE PARK State IT Zip COCOD
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
DAUGHTER OF PATIENT, I WAS BORN IN THIS HOSPITAL
AND PAST EMPLOYEE - I WORKED IN
THE G. I. LARS, CAME HERE DOCTOR VISITS HAD
CAUBLADDER REMOVED & RECOVERED HERE COME HOU & I REGIDE HERE SINCE BIRTH & PRESENT
PLEASE DON'T CLUSE HOSPITAL.
POSITION (Circle appropriate position)
Support Oppose Neutral

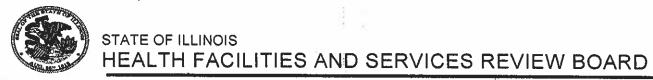


Facility I	Name: Westlake H	lospital, Meirose Park, Illinois	×
Project I	Number: E-004-19		. 1
t.	IDENTIFICATION Name (Please Print)	Westlake ta-	Hent
	city Melvose P	Park State II	zip 60153
II.	entity.)	s section is to be filled if the witness is appearing on beha etc. represented in this appearance (i.e., i	
	Westhal	e patrend Amer	ican's have
	9 hard e	enough time to	Find Jobs
	Now you	want to gose a	a word ear fee)
	Dospital	and put more pe	ople out of Jobs
111.	POSITION (Circle appr		IS Dmerica 1]
	Support	Oppose	eutral
		Bigtome	
		11 Fe 17 17 17 17 17 17 17 17 17 17 17 17 17	
		¥ .	3/11/19



Facility Name: Westlake Hospital, Melrose Park, Illinois

,	
l,	Name (Please Print) Charles Welson
	CityState May 1000   Zip 60 153
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 Citizens for Health Care)
~	people need. Do not but more
	Deople Out of work.
	Do Not Do This !!
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral
	Do It!
	3/11/19



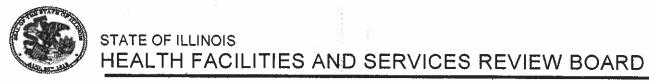
Facility Name: Westlake Hospital, Melrose Park, Illinois

N:	emification ame (Please Print) BERNA	1RI) BRA	ACEY
Ci	WMALEROME PI	State	Zip
en: Er	EPRESENTATION (This section is to be fil tity.) htity, Organization, etc. represent ealth Care)		
		i i	
•		γ	
	PAT, EX	1	
Р	OSITION ( <i>Circle appropriate posit</i>	ion)	o 8
	Support	Oppose	Neutral



Proje	ct Nur	ıber: E	-004-19
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I.	Name (Please Print) BAY1	ON ANNA	MARIE
	City METROSE PA	IRIC State / L	Zip CO/CO
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represe		
	Health Care)		
	EMPLOYEE		
			2
111.	POSITION (Circle appropriate po	sition)	
	Support	Oppose	Neutral

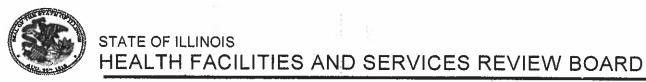


acility	Name: Westlake Hospital, Melrose Park, Illinois
roject	Number: E-004-19
I.	Name (Please Print) FURICO TOPS  City MAYWOOD State I. Zip 0015
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	ENVIRONMENTA/SERVICES Employee
10.	POSITION (Circle appropriate position)  Support Oppose Neutral



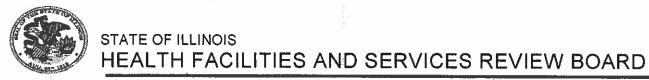
### Public Hearing Appearance Only Registration Form

l. "	Number: E-004-19  IDENTIFICATION  Name (Please Print) Since	3 MALK	L.	
		State		Zip 60617
II.	REPRESENTATION (This section is to be entity.)	1		
	Entity, Organization, etc. represe Health Care)	ented in this a	ppearance (i.e.	, ABC Concerned Citizens for
				ii .
				널
	-	:a :3		
10.8	POSITION (Circle appropriate po	sition)		
	Support	Oppose	)	Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

City Chicago	State	Z zip <u>6063</u>
REPRESENTATION (This ser	tion is to he filled if the witness is annu	earing on behalf of any group, organization
entity.)	don's to be fined if the withess is uppe	earing on venay of any group, organization
Entity, Organization, etc.	represented in this appeara	ance (i.e., ABC Concerned Citize
Health Care) Student		
		*
	111	
POSITION (Circle approp	riate position)	*



<b>Project</b>	Number:	E-004-19
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Name (Please Print) Krystel Elliott - Theberge	==	
Oak Oack	Zip	60302
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any ground entity.)		
Entity, Organization, etc. represented in this appearance (i.e., ABC Concorned the ABC Concorned to the ABC Concor	erne	d Citizens for
POSITION (Circle appropriate position)		
Support Oppose Neutral		



### Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19
1. ***	Name (Please Print) ENA EHRLICH
	city wthost park state 1 zip 60160
Н.	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: E-004-19** 

### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

t.	IDENTIFICATION Name (Please Print) MAHMOOD	OMER	X
	City Lombard State	IL	zip 60148
11.	REPRESENTATION (This section is to be filled if the witness entity.)	s is appearing on behalf of ar	ny group, organization or other
	Entity, Organization, etc. represented in this ap Health Care)  Employee	ppearance (i.e., ABC (	Concerned Citizens for
		12	
		×	
III.	POSITION (Circle appropriate position)		编
	Support	Neutra	I



# Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

**Project Number: E-004-19** 

I.	Name (Please Print) CONGLINITA CUSTODO
	City ME PAMC State / Zip 60 60
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)
	<u> </u>
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

IDENTIFICATION CEN	mount	MAN ZA	JT)
Name (Please Print)	PIORITOR	MANZA	
mat hor he	my	11_	Zip 6016
City	State		ZipU
REPRESENTATION (This section is to b	e filled if the witness is	annearing on hehalf of any	arous organization a
entity.)	e ymed y the withess is	appearing on bendin by any	group, organization o
Entity, Organization, etc. represe	ented in this appe	earance (i.e., ABC Co	ncerned Citizen
Health Care)			
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	4		
POSITION (Circle appropriate po	osition)		
Support	Oppose	) Neutral	
		-	



#### STATE OF ILLINOIS

Project Number: E-004-19

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

I.	Name (Please Print) DEUA V. SIAVON
	City BROOKFIELD State IL. zip 60513
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)
	Comployee
	V/ 28
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19
l,	Name (Please Print) Julio C. Gonzale Z
	City MelRose park State IL Zip 60160
И.	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



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

oject i	Number: E-004-19
ſ.	Name (Please Print) Mari Collins
	city Melrose Park state 1L zip 60160
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)  Melvose Park Resident
	E) (a)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral
	Ciosure



**Project Number: E-004-19** 

# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

t.	IDENTIFICATION Name (Please Print)	hael E	. Welch	
	city Melrose Park	State	lilinois	zip 60160
II.	REPRESENTATION (This section is to be entity.)	filled if the witness is	s appearing on behalf of any	group, organization or other
	Entity, Organization, etc. representation (Pare)  Pes [Olevation of the Content o	nted in this app	pearance (i.e., ABC Co	ncerned Citizens for
			is the second	
		10 1 2 1 2 1 2 1		
III.	POSITION (Circle appropriate pos	sition)		9
	Support	ppose	Neutral	



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19
1.	Name (Please Print) Karen Welch
	City Nebrose Parce State 1L zip 60160
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)  MP Research
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

l.	IDENTIFICATION Name (Please Print) Noah	Colli	ins	
	city Melvose Park	State	11	zip60160
II.	REPRESENTATION (This section is to be fille entity.)	ed if the witness	is appearing on	behalf of any group, organization or other
	Entity, Organization, etc. represente Health Care) Regiden ±	ed in this ap	pearance (i.	e., ABC Concerned Citizens for
	25. 27.			
		10 20 20		
	Ш			
		ļ.		
III.	POSITION (Circle appropriate position	on)		2.
	Support	Oppose	>	Neutral



# HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

Project N	Number: E-004-19			
t.	IDENTIFICATION Name (Please Print) Dennise	Barba	a Max	in O
	city Bellwood	State	12	zip(00104
U.	REPRESENTATION (This section is to be filled entity.) Entity, Organization, etc. represented Health Care)			
				3
		Ť n		
111.	POSITION (Circle appropriate position	n)		
	Support	Oppose	) Ne	eutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) A CAYA State 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: E-004-19
l.	Name (Please Print) JUAN M COLDENS  City Benicely State II zip 60163
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)
<b>III.</b>	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

ŧ. **IDENTIFICATION** YAMA CONDONO Name (Please Print) \_ zip 60143 City BENKELEY 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



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) MALIA DS MACTIVEZ

City Stane Park State Through Zip 60165

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



oject i	Number: E-004-19
l. 🥫	Name (Please Print) DIANE RUSCO
	City MELROSE PARK State IL zip 60160
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)
Ш.	POSITION (Circle appropriate position)
•	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) JEFFREY TRUSCO

City MELROSE PARK 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



oject i	Number: E-004-19
1.	Name (Please Print) Guadalupe Radrigle 2 Ros
	city Melrose Park State II zip 4060
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 for patients
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

I.	Name (Please Print) Miguel Rojc
	Name (Please Print) Miguel Rojc  City Melyose Park State 11- Zip 60/60
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: E-004-19** 

### Public Hearing Appearance Only Registration Form

II. POSITION (Circle appropriate position)

State Drocco

City Hills ide State Zip 60162

State Zip 60162

State Zip 60162

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)



#### **Public Hearing Appearance Only Registration Form**



**Project Number: E-004-19** 

REPRESENTATION (Th	is section is to be filled	l if the witness is app	earing on behalf of ar	y group, organiza
entity.) Entity, Organization,	etc. represented	l in this appear	ance (i.e., ABC (	Concerned Cit
Health Care)	ata. Taprasarita	анэ аррсаг	ance they Abe t	Jonee Hiera Cit
	<del></del> .			
		· ·		



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. POSITION (Circle appropriate position)

State OCACA

State Zip COCCO

Zip



**Project Number: E-004-19** 

l.	Name (Please Print) Rogero Silva-Padila
	Name (Please Print) Rogello Silva-Padilla  City Melvor Park State IL ziplolle
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)
(11.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

I.	Oity Melrose Park State 1 zip 60160
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 City Can who benefits
III.	Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Broadvellu State III Zip 60(55)

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: E-004-19
l.	Name (Please Print) SAAC BAZRAZ  City MECROSE PARK State 12 - Zip 60/60
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)
	MELROSE PARK CHAMBER OF COMMERSE AND COMMUNITY DEVELORMENT
111.	POSITION (Circle appropriate position)  Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

1. IDENTIFICATION
Name (Please Print) Thoria Olivas
City Mulrose Park State 12 Zip 60160

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: E-004-19** 

#### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. IDENTIFICATION
Name (Please Print)

State

State

State

Jip

LOI72

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



Support

### Public Hearing Appearance Only Registration Form

Oppose

Neutral



**Project Number: E-004-19** 

	TIFICATION (Please Print)	'eva	Lee	Gr	ang	er
City_	Please Print) V	Park	State	L	Zi	р
REPRI	ESENTATION (This s	ection is to be fill	ed if the witness is a	ppearing on bet	alf of any group	, organization or othe
	, Organization, et h Care)	c. represente	ed in this appe	arance (i.e.,	ABC Concer	ned Citizens for
POSI	TION (Circle appro	priate positi	on)			
Si	upport		Oppose	N	leutral	



Facility I	ne: Westlake Hospital, Melrose Park, Illinois		
Project	Number: E-004-19		
I.	Name (Please Print)  RAMESH DHINGRA  City MEL ROSE PARK State IL zip 60160		
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: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. IDENTIFICATION
Name (Please Print) Araceli Moreno

City Stone Cark. State J. Zip 60/6 J

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



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City WELLO SE PROK State Zip GOLGO

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



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

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: E-004-19** 

IDENTIFICATION Name (Please Print)	Dalor	ndino	
	<u> </u>		
city Melrose Park	State	Zip	60
REPRESENTATION (This section is to b	na fillad if tha wiltages is annual		
entity.)	e jiiled ij the withess is appeari	ng on venarj oj any group, org	janiza (ion oi
Entity, Organization, etc. represe	ented in this appearance	ce (i.e., ABC Concerne	d Citizen
Health Care)			
			·
POSITION (Circle appropriate po	sition)		
POSITION (Circle appropriate po	Oppose	Neutral	



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Mayor Sc State 111.00 Zip GO 16 C

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



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
I.	Name (Please Print) Dr Ramy Papazian)  City Melvor Parl State Zip 60160
<b>II</b> .	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)  Losi du Lose  Losi
	De funça
III.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Project Number: E-004-19

### Public Hearing Appearance Only Registration Form

II. IDENTIFICATION
Name (Please Print) May a Ternander

City Mollos Park State 12 Zip GO | 6 O

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: E-004-19
I.	Name (Please Print) Ernesting Lucero
	City Northbuce State IL zip 60164
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

I. IDENTIFICATION
Name (Please Print)

City Stave Park state \_\_\_\_\_\_\_ Zip \_ L & S\_5

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)

III. POSITION (Circle appropriate position)
Support Oppose Neutral



Project Number: E-004-19

l.	IDENTIFICATION Name (Please Print) TRININAL	Busc	S	
	City Melvose polk State	re/_	Zip	60160
II.	REPRESENTATION (This section is to be filled if the ventity.)	i vitness is appearing or	behalf of any group, or	ganization or other
	Entity, Organization, etc. represented in th Health Care)	is appearance (i	.e., ABC Concerne	d Citizens for
	et .			
III.	POSITION (Circle appropriate position)			
	Support	se	Neutral	



**Project Number: E-004-19** 

IDENTIFICATION Name (Please Print)	-YI-HCIST	a pe	futur	
City Melro	50	_State		zip 6.016
REPRESENTATION (This	s section is to be fille	d if the witness is app	earing on behalf of any	group, organization or other
Entity, Organization, e	etc. represente	d in this appeara	ance (i.e., ABC Co	ncerned Citizens for
				<u>,                                      </u>
2				N. Control of the Con
				- 17.29
POSITION (Circle appl	ropriate positio	nn)		
Support	1	Oppose	Neutral	



**Project Number: E-004-19** 

	Name (Please Print) Any Sanhez
	city May wood state 1 zip 60/5
•	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)
۱.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

I.	Name (Please Print) Banifacio Villa/ Dando
	Name (Please Print) Banifacio Villa   pando  City Melruse Pt 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



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) JOCI OX CRCO

City MCICSC Pall State Zip GO GO

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: E-004-19

t.	IDENTIFICATION Name (Please Print) KAREN SAFFO
	City BFLLNOOD State TL Zip 60604
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)
m.	POSITION (Circle appropriate position)
	Oppose Neutral



Project Number: E-004-19

### Public Hearing Appearance Only Registration Form

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)

POSITION (Circle appropriate position)

Support Oppose Neutral



**Project Number: E-004-19** 

I.	Name (Please Print) Michanger Rom
	City MELROSE PARK State IL zip 60760
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)
	Citizen
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

	Name (Please Print) WARC FRICKE
	City Marros Place State IL Zip 60100
l <b>.</b>	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)
ıl.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

I. IDENTIFICATION
Name (Please Print)

City

Mel Note Postate

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)

And I see Amount of the Amount of th



acility I	Name: Westlake Hospital, Melrose Park, Illinois
roject l	Number: E-004-19
1.	Name (Please Print) UST-a Mean  City Man Toa State Tip 60474
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)
	9
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral
9	Real Meal Al Heali
	3/11/19



## STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print)  (1)  (2)
	City / Cak / Ch State _ Zip Cay ( G
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
4	) out Clase Mosphat
	3/11/19



racility	Maine: Westiake nospital, Wellose Park, Illillois
Project	Number: E-004-19
l.	Name (Please Print) Steven Wiegel  City Mel Masc Pt State IL Zip 60/6/
fl.	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)
	3 **
III.	Support Oppose Neutral



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois **Project Number: E-004-19** I. IDENTIFICATION Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. ØSITION (Circle appropriate position Neutral Support



**Project Number: E-004-19** 

	Name (Please Print) NANU FEICH  City MUDGL PLOK State
	entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens Health Care)
(	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Project N	lumber: E-004-19
l.	Name (Please Print) WILLAM TOTAMIONOS
	City Melax Park State I zip Galbo
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)
	Citizen
ML.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
NICOLE M TERRAZAS

City CHICAGO State IL Zip 60638

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)

(ON CERNA) CITIZEN

Neutral



### Public Hearing Appearance Only Registration Form



oject	Number: E-004-19
1.	Name (Please Print) Jacque Inc. Municel  City Cuero State 12 zip 60800
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)
	Citizent
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City MEAN SET PK State

Tip Goldon

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 N	Number: E-004-19
I.	IDENTIFICATION Name (Please Print) JOSEPHINE PISNANO  City Fleis PARK State IL Zip 60160
₩.	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)
W.	POSITION (Circle appropriate position)
	Support Oppose Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Makes D

State Zip CIS

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



### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

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: E-004-19** 

### Public Hearing Appearance Only Registration Form

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)

POSITION (Circle appropriate position)
Support

Oppose

Neutral



**Project Number: E-004-19** 

Support

### Public Hearing Appearance Only Registration Form

Oppose

Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois		
Project I	Number: E-004-19	
l.	Name (Please Print)  City Me Rose ph State Zip Los/60	
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)	
	Citizen	
III.	POSITION (Circle appropriate position)  Support  Oppose  Neutral	



Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print)  RADOLPI  LIBOMA
	Name (Please Print) (ANDOLP)& LINOMA  City Me Rose pk State The Zip 60! 60
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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Rame (Please Print)

City Westwester State I Zip (2015)

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) Oncome (1726)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project I	Number: E-004-19
l.	Name (Please Print) Mikela Luoma
	city West-Chester state IL zip 60154
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
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
ŧ.	Name (Please Print) DENDININ RETERS
	City WESTER State ILLINOIS Zip 60154
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)
	CODCERDED CITIZED FOR HEALTHCLEE
III	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility N	Facility Name: Westlake Hospital, Melrose Park, Illinois	
Project N	Number: E-004-19	
l,	Name (Please Print) POLOC LOMO  City Colon State Zip (2015)	
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	



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) Debits Places

City West Chester state To 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 I	Number: E-004-19				
l.	Name (Please Print) DORA J. CAY  City City Company State To 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)				
m.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

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: E-004-19
l.	Name (Please Print) JANET JONES  City Bellwood State Zip (00104)
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



Project N	Number: E-004-19
t.	Name (Please Print)
	City PION State Zip (1970)
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 N	Number: E-004-19
l.	Name (Please Print) Javier Jr. Hernandez  City Melrose Park State IL zip 60160
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)  Resulting
III.	POSITION (Circle appropriate position) Support Oppose Neutral



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	Number: E-004-19
I.	Name (Please Print) Victor Adrian Hernande 2 City Melvose Parkstate IL zip 60160
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 N	Number: E-004-19
l.	Name (Please Print) ROSA Velas quez  City Melrose Part State IL zip 60/6
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)  REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
III.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



I. IDENTIFICATION GULLEYMO GUADA  City Melyose Partstate TL Zip G  II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organize entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citealth Care)  Resident  POSITION (Circle appropriate position)	
Name (Please Print)  City Mc(rose Paristate TL Zip 6  II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization,)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Cithealth Care)  Resident	
Entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Circulate ABC	lupe 0160
Health Care)  Resident	
III. POSITION (Circle appropriate position)	tizens for
III. POSITION (Circle appropriate position)	
III. POSITION (Circle appropriate position)	
III. POSITION (Circle appropriate position)	
Support Oppose Neutral	



**Project Number: E-004-19** 

l.	IDENTIFICATION Name (Please Print) Norma Hernandez
	city Melvose Partstate IL zip 60160
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 (Circle appropriate position)
	Support Oppose Neutral



Project	t Number: E-004-19	
I.	IDENTIFICATION Name (Please Print) Mayla ReFuji City Melvose Par State IL	o Hernandea
If.	REPRESENTATION (This section is to be filled if the witness is appearing on behentity.)  Entity, Organization, etc. represented in this appearance (i.e., Health Care)	
III.	POSITION (Circle appropriate position) Support Oppose N	eutral



**Project Number: E-004-19** 

1.		•	Hernander
	city Melro	Se Rystate IL	zip 60 16 C
II.	REPRESENTATION (This section of the section)	tion is to be filled if the witness is appearing	on behalf of any group, organization or other
	Entity, Organization, etc. Health Care)	represented in this appearance	(i.e., ABC Concerned Citizens for
	A		32 32
111.	POSITION (Circle appropri	riate position	
	Support	Oppose	Neutral



**Project Number: E-004-19** 

l. 🚊	IDENTIFICATION Name (Please Print)	Villapando	
	City Melrose Par	K_State_\L	zip 60160
II.	entity.)		ing on behalf of any group, organization or other
		11	
	=		
III.	POSITION (Circle appropria	ite position)	
	Support	Oppose	Neutral



**Project Number: E-004-19** 

l <b>.</b>	Name (Please Print) Númeo Fulgenus  City Melve Park State Zip
	City Melroce Park State Zip
l.	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)
11.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

I.	Name (Please Print) LUZ E Pantola.
	City HIISIde State 12 zip 60/62
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)
	<del></del>
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

IDENTIFICATION Name (Please Print)	Hugo Pantai	W	
city HILLSID			_zip_ 60/67
REPRESENTATION (This	s section is to be filled if the witness	is appearing on behalf of an	y group, organization or other
·	etc. represented in this ap	pearance (i.e., ABC C	oncerned Citizens for
		-	<u> </u>
POSITION (Circle appl	ropriate position)		
Support	Oppose	Neutral	



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Hiside State Jip 600162

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)

Position (Circle appropriate position)

Support

Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

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)

POSITION (Circle appropriate position)
Support

Oppose

Neutral



**Project Number: E-004-19** 

IDI	NTIFICATION	/ 11:	1		
	me ( <i>Please Print</i> )		Capez		···
Cit	y Melrose	Park	State IL	_	Zip 601 (
-	1 1 00000	1 40 15		<u>,                                      </u>	
RE	PRESENTATION (	This section is to be J	filled if the witness is app	pearing on behalf of an	y group, organization
	ty.)				
En	tity, Organization	, etc. represen	ited in this appear	rance (i.e., ABC C	Concerned Citize
	alth Care)				
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	,				
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				-	
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			20		
			)0)		
_			×		
		opropriate posi	ition)	h h	
	OSITION (Circle a <sub>j</sub>	opropriate posi	ition)		10
	OSITION (Circle a)	opropriate posi		19	
PC		opropriate posi	ition)	Neutral	10



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Asme (Please Print)

City Mel TO Se PK State Zip 60/60

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: E-004-19** 

#### **Public Hearing Appearance Only Registration Form**

II. IDENTIFICATION
Name (Please Print)

Celia Cordero

City Melrose Park State III Corde

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)

Position (Circle appropriate position)

Support

Oppose

Neutral



Project Number: E-004-19

t.	Name (Please Print) Fric OROZCS  City Malrose Park State IC Zip 6060
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)
m.	POSITION (Circle appropriate position)  Support Oppose Neutral



Project Number: E-004-19

l.	Name (Please Print) Miguel Cordero Sr.
	Name (Please Print) 1921 Cordero Sr.  City Webs Park State I zip 60160
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)
	54
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

t.	Name (Please Print) JAVIET OFORTO
	City Melrose Parle State IC Zip 6060
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 (Circle appropriate position)
	Support Oppose Neutral



Project	Number: E-004-19
l.	Name (Please Print) ( ARRAGORY WHYNE WIAT +
	Name (Please Print) ( Degoxy Wayne WJA++  City MAYWOOD State W. Zip 6.0153
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)
	40
III.	POSITION (Circle appropriate position)
****	
	Support Oppose Neutral



**Project Number: E-004-19** 

I.	Name (Please Print) Analilia Gonzalez
	city Melrose park state 1L zip 60160
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) Resident
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: E-004-19
l.	Name (Please Print) HARVEST JEAN LEWE
	City <u>Bellwood</u> State <u>III</u> zip <u>60104</u>
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: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. IDENTIFICATION
Name (Please Print)

City Panle State I Zip 6016 U

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)

ROSI dent



**Project Number: E-004-19** 

Name (Please Print) Gabriala Bonille
Name (Please Print) Gabrish Bonille  City May wood State IL Zip 60153
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
POSITION (Circle appropriate position)
Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City | Color | State |



#### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

l.	Name (Please Print) Angelina Hernandez
	City Me Irose Park State 1 Zip 60160
O.	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 (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

1.	Name (Please Print) Atha Borilla
	City Maywood State IL Zip 60153
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) Rosidon +
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

	Name (Please Print) Bobby Jour MillE 12
	City MAYWood State TUL Zip 6015
	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)
	•
	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

1.	Name (Please Print) ARTUNO J. MOTA
	City No Inose Par IL State Ic Zip 60160
N.	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) Village of me (nose Pak
	Resident
III., j	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form



Project N	Number: E-004-19
I.	Name (Please Print) Tesnely Gonzale City Mely DSC Park State 12 Zip 60160
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)
4	
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
f.	IDENTIFICATION Michael Proch  Name (Please Print) Michael Proch  City Melrose Park State IL zip 60160
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)
	3
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. POSITION (Circle appropriate position)

Support

Oppose

Neutral



#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

	NTIFICAT			11.11	20-10/0		
Nam	ne ( <i>Please</i>	Print)	102	0111	210000		
City		11, [-1	side	State	10	Zip	60162
REPI entity		TION (This s	ection is to be fill	led if the witness i	s appearing on behalf o	of any group, or	ganization or other
	ty, Orgar Ith Care)	ization, et	c. represente	ed in this app	earance (i.e., AB	C Concerne	d Citizens for
-	· · · · · · · · · · · · · · · · · · ·			(2)			
_					-	_	
POS	SITION (C	ircle appro	priate positi	on)	*		



Project Number: E-004-19

1.	IDENTIFICATION Name (Please Print)	WESLAWA
	City ELM2000 PRRL State 1L	ZipZip
II.	REPRESENTATION (This section is to be filled if the witness is appearing entity.)	on behalf of any group, organization or other
	Entity, Organization, etc. represented in this appearance Health Care)	(i.e., ABC Concerned Citizens for
III.	POSITION (Circle appropriate position)	
	Support Oppose	Neutral



Project Number: E-004-19

l.	Name (Please Print) Denise Gonzalez
	city Bensenville State 14 Zip 60106
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 this is the closest toopital
	loot they saved my baby's life
	and mire too! Thankyou!
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

	Name (Please Print) NEA / GROTH IR
	City MRIROSK PK State IL Zip 60160
	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)
١.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. REPRESENTATION (This section is to be filled if the witness is appearing an 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: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. POSITION (Circle appropriate position)

Support

Oity Melesse Print)

Oppose

Neutral



Project Number: E-004-19

t.	Name (Please Print) Sr. JAN Hrubes, OSF
	City Meliane State Oll Zip 60/60
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)
	Franciscan Resource Center, NFF
HI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Melross Pask State

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: E-004-19** 

I.	Name (Please Print) Sister Nila Meyerhofer
	City Melrose Park State Il Zip 60160-3946
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)
	Franciscan Resource Center
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print)  City Melyese Park State
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



Project N	Number: E-004-19
l.	Name (Please Print) Eduardo Orozco
	City Hillside State FL zip 60162
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)
1111.	1 OSITION (circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
l.	Name (Please Print) Betty L. Tucker
	City May WOOd State ILL. zip 60153
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



#### Public Hearing Appearance Only Registration Form

IDENTIFICATION Name (Please Print) TRENE W. GRAFFILL

City Bell WOO State Zip Loo Loo

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: E-004-19				
l.	Name (Please Print) Richie Zarnicki			
	City Melwe Path State Illino 15 Zip 60160			
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)			
•	Please Keep Westlike open.			
	±3			
III.	POSITION (Circle appropriate position)			
	Support Oppose Neutral			



Facility Name: Westlake Hospital, Melrose Park, Illinois				
Project N	lumber: E-004-19			
I.	IDENTIFICATION Name (Please Print) ROSEANN ZARNICKI  City Melrose Panistate FL zip 60160			
	City Melhose Panistate FL zip 60160			
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)			
	PLEASE KEEP WESTLAKE OPEN!			
	Si Control of the Con			
III.	POSITION (Circle appropriate position) Support Oppose Neutral			



Project N	Number: E-004-19
t.	Name (Please Print) GUACAUPE RAZ() City MRUSE Rate IL zip WULC
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)
lei.	DOSITION (Circle appropriate position)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: E-004-19	
l.	IDENTIFICATION Name (Please Print) City State	ZULCZ L zip (OULCC
II.	REPRESENTATION (This section is to be filled if the witness is appearing entity.)  Entity, Organization, etc. represented in this appearance Health Care)	
111.	POSITION (Circle appropriate position)  Support  Oppose	Neutral



Project N	Number: E-004-19			
l.	IDENTIFICATION Name (Please Print) Rafael Disc			
	City Melruse Park State Illinois zip 60/60			
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			





# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

•	Number: E-004-19  IDENTIFICATION 1. (1.6.7)
t.	Name (Please Print) Willie L. Williams
	City Broadview State 72 zip 60/55
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: E-004-19** 

#### Public Hearing Appearance Only Registration Form

II. POSITION (Circle appropriate position)

III. POSITION (Circle appropriate position)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

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)
Oppose Neutral



**Project Number: E-004-19** 

Name (Please Print) Clifford Taylor			
City Forest Park State ILI	_Zip_	6	030
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any grentity.)	roup, oi	rganiza	tion or other
Entity, Organization, etc. represented in this appearance (i.e., ABC Con Health Care)	cerne	ed Cit	izens for
POSITION (Circle appropriate position)			
Support Oppose Neutral			



**Project Number: E-004-19** 

1.	IDENTIFICATION Name (Please Print) ANGERA BERARNI
	Name (Please Print) ANGELA BENALO!  City MELNOST PANK State 14 Zip 60160
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: E-004-19** 

IDENTIFICATION Name (Please Print)	15a	Be	rardi			
city Melrose Park	•	State	11		z <sub>ip</sub> 60	0/60
REPRESENTATION (This section is entity.) Entity, Organization, etc. rep Health Care)						
				-		
		a.				
POSITION (Circle appropriate	e positio	n)				
Support	(	Oppose	)	Neutral		



**Project Number: E-004-19** 

I.	Name (Please Print) Angela Boucher  City Melrose Park State IL zip 60/60
	City Melrose Park State IL zip 60/60
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)
IH.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project I	Number: E-004-19			
l.	Name (Please Print) Olga Christiano			
	City Melnose PK. State II. zip 6016			
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: E-004-19

Name (Please Print)	A MENDEZ	
City MELRISE PAR	State IL.	Zip
REPRESENTATION (This section entity.)	ion is to be filled if the witness is appearing o	n behalf of any group, organization or e
	represented in this appearance (	i.e., ABC Concerned Citizens
POSITION (Circle appropri	iate position)	



Project I	Number: E-004-19	
I.	IDENTIFICATION Name (Please Print) BERMA Tacis	٤
	City Chicago State II.	Zip 6039
11.	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., ABO Health Care)  (In Carned Citizens Ond Entity)	C Concerned Citizens for
III.	POSITION (Circle appropriate position)  Support Oppose Neut	ral



Project Number: E-004-19		
l.	Name (Please Print) Tammy McClenden  City HISdl State FL zip 40/67	
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)	
ш.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Project Number: E-004-19

#### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print)

Littracy

City Melrose Review State

State

Lip 60160

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)

Littracy

Melrose Review State

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
City Melrone Ph State IV Zip Golf 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: E-004-19		
l.	Name (Please Print)  City City State Zip OOLOO	
II. E	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: E-004-19** 

I.	Name (Please Print) NeS Hernande Z	
	city Mekrose Pak state IL zip COOLOC	)
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	er
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)	r
Ш.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



**Project Number: E-004-19** 

I.	Name (Please Print) IRENE BAKOS, MD			
	City ELMAURST State III. Zip 60126			
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)			
	PHYSICIAN ON STAFF AT WESTLAKE HOSPITIAL			
	E <sup>2</sup>			
III.	POSITION (Circle appropriate position)			
	Support Oppose Neutral			



Project Number: E-004-19

l.	Name (Please Print) Gabino Castro Reyes
	city Forest Park State II zip 60130
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) Westake Hydon Health scholarship
	program
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form



#### Public Hearing Appearance Only Registration Form



Project Number: E-004-19

IDENTIFICATION Name (Please Print)	Lourdes	Hernande	22
city Melros	e Park State	IL	zip (00160
REPRESENTATION (This	section is to be filled if the witness	is appearing on behalf of any	y group, organization or other
Entity, Organization, e Health Care)	etc. represented in this ap Resident	pearance (i.e., ABC Co	oncerned Citizens for
POSITION (Circle appr	ropriate position)		
Support	Oppose	Neutral	



**Project Number: E-004-19** 

I.	Name (Please Print) Javier Hernande 2	
	City Melrose Pork State IC Zip	60160
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organentity.)	nization or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned	Citizens for
	Health Care) Resident	
	•	- "
	Δ	
	St.	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Project Number: E-004-19

t.	IDENTIFICATION Name (Please Print)	e Jones	
	city MAYWOOD	State	zip(60153
H.	REPRESENTATION (This section is entity.)	s to be filled if the witness is appearing on b	ehalf of any group, organization or other
	Entity, Organization, etc. rep Health Care)	resented in this appearance (i.e	e., ABC Concerned Citizens for
(II.	POSITION (Circle appropriate	e position)	
	Support	Oppose	Neutral



#### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION Annual Please Print State State Zip 6010

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: E-004-19

#### Public Hearing Appearance Only Registration Form



Project N	lumber: E-004-19
l.	Name (Please Print) LAUDIA 1, MM
	City ELmwood Park State 1 zip 60707
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)
	9
Ш.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



I.	IDENTIFICATION Name (Please Print) RAY STRAUBE
	ENCLROSE PX State TC Zip 60160
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 N	Number: E-004-19
l.	Name (Please Print) JANOICE HOWELL  City MCROSL PARK IL zip 60160
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 N	Jumber: E-004-19
l.	Name (Please Print) IERESA McDONALD-PEPPER
	City RE//12000 State 1C Zip 60/04
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)
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: E-004-19
l.	Name (Please Print) Patricia A. Patrick
	City Rellwood State 12 Zip 60104
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: E-004-19** 

	IDENTIFICATION	+11	/	Tark.	
	Name (Please Print)	ROITY	<i>I</i> —, _	J # CAC 30	,0
	City Berkeley	State _	edl	Zip	60/63
•	REPRESENTATION (This section entity.)	on is to be filled if the witne	ess is appearing on b	ehalf of any group, org	ganization or other
	Entity, Organization, etc. re	epresented in this a	ppearance (i.e	., ABC Concerne	d Citizens for
	Health Care)				
				Vol.	
	POSITION (Circle appropri	ate position)			
	Support	Oppose		Neutral	



### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

1.	IDENTIFICATION	
	Name (Please Print) V I Y dyg / Y/ab y y	
	City $\overline{\mathcal{N}}$ a $y$	
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) / Neve is no other Haspital	
	Close by for remerging Care	
	try association with West Lake	J
	go back fifty years, I have some	
	Pleasant whemories of West hake	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Project N	lumber: E-004-19
l.	Name (Please Print) Brenda Julian  City Mayning State III Zip (0015)
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: E-004-19						
1.	IDENTIFICATION Name (Please Print)					
	city Markwood state Il zip 60153					
Ħ.	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)					
	3					
III.	POSITION (Circle appropriate position)					
	Support Oppose Neutral					



**Project Number: E-004-19** 

1.	IDENTIFICATION Name (Please Print) Mi VE LA Gioi A
	City Melkosa Dank State ILL zip Gollo
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)
u.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois **Project Number: E-004-19** l. **IDENTIFICATION** Name (Please Print) \_ Ħ.  ${\sf REPRESENTATION} \ (\textit{This section is to be filled if the witness is appearing on behalf of any group, organization or other all the section of the properties of the section of the properties of the propert$ 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: E-004-19** 

IDENTIFICATION Name (Please Print)	John	v Mz	n gube	6	<del></del> .
city <u>Melro</u>	se Pir	State	TZ	Zip	60160
REPRESENTATION (	This section is to be fille	d if the witness is	appearing on behalf of	any group, org	ganization or other
Entity, Organization Health Care)	n, etc. represente	d in this appe	earance (i.e., ABC	Concerne	d Citizens for
<u>e</u>					
POSITION (Circle a	~		Manda	-1	F1
Support	1	Oppose	Neutr	al	



oject	Number. E-004-19
I.	Name (Please Print) DAVÁ QUPERUE  City MURANF PM State III Zip
	City MEIQUEF PM State W/ Zip
П.	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



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Westlake Hospital, Melrose Park, Illinois								
Project Number: E-004-19								
t.	Name (Please Print) MA LUOMA  City MC 105 C Park State L Zip 6016 C							
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)							
	Dr. Sam Junes St							
Ш.	POSITION (Circle appropriate position)  Support  Neutral							



**Project Number: E-004-19** 

	Name (Please Print) CAROL FASANO  City MeLROSe PARK IL Zip 60160
•	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)
î.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

Name (Please Print) CityCULC	sove	State	L	Zip	600
REPRESENTATION (Th	is section is to be fille	ed if the witness is ap	pearing on behalf of	any group, organ	nization
entity.) Entity, Organization,	etc. represente	ed in this appea	rance (i.e., ABC	Concerned	Citize
Health Care)					
Health Care)					
Health Care)					
Health Care)					
Health Care)					
POSITION (Circle app	ropriate positio	on)			



Pr	oject N	Number: E-004-19
	1.	Name (Please Print) Melissa Gennell City Melissa Gennell Zip 6016
	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)
	Ш.	POSITION (Circle appropriate position)
		Support Oppose Neutral



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form

II. IDENTIFICATION Sandra Lullo

City Melrose Print) Sandra Lullo

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)

POSITION (Circle appropriate position)

Support Oppose Neutral



Project I	Number: E-004-19
t.	Name (Please Print) Christat M. Sarbha
	City MULROSE TH, State FLL Zip 60166
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



60) (00
anization or other
Citizens for



Project Number: E-004-19

I.	Name (Please Print) Marta Alvarado				
	city Maywood State IL zip 60153				
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)				
	Individual - Concerned Citizen				
III.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



**Project Number: E-004-19** 

l.	Name (Please Print) Camille Ward					
	city Melrose Park State IL zip Golle O					
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					



#### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION Name (Please Print) And the Ward State T zip 6053

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: E-004-19** 

l.	IDENTIFICATION Name (Please Print)	e	mA	1 TIW	/	
	City MELNES Q J	016	State	1	Zip <i></i>	160
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)					
					W 21.2%	
10.	POSITION (Circle appropriate position)					
	Support		Oppose	Neutra	al	



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form



Project Number: E-004-19					
l.	IDENTIFICATION Name (Please Print) GRACCAN MACH City MCROSC ARK State Zipaci 60				
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)				
UI.	POSITION (Circle appropriate position)				
****	Tosimon (enere appropriate position)				
	Support Oppose Neutral				



Project l	Number: E-004-19
I.	Name (Please Print)  City (II C P C State I Zip 60181
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)
	<u>.                                    </u>
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: E-004-19
I.	Name (Please Print) CAROL DIAZ
	City Melvese Perkstate IL zip 60/60
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: E-004-19** 

	IDENTIFICATION Name (Please Print)	in Saenz	
	cityBensenville	State	zip
	REPRESENTATION (This section is to be entity.)	filled if the witness is appearing o	n behalf of any group, organization or oth
	Entity, Organization, etc. represented Health Care)	nted in this appearance (i	.e., ABC Concerned Citizens fo
		XX	
	POSITION (Circle appropriate pos	sition)	
(	Support	Oppose	Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

IDENTIFICATION Name (Please Print)	YGZ	_
City North Aurora State L	zip 60542	
REPRESENTATION (This section is to be filled if the witness is appearing entity.)	ng on behalf of any group, organization or other	
Entity, Organization, etc. represented in this appearance Health Care)	e (i.e., ABC Concerned Citizens for	
		_
		_
		_
POSITION (Circle appropriate position)	iat	
Support Oppose	Neutral	



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
1.	Name (Please Print) ARLENE SAINGIACOMO
	City MELLIOSE PARK State IC Zip 60/60
	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: E-004-19** 

1.	Name (Please Print) MALY ANN SANGINGOING
	City MELROSE PHILK State IL Zip 60/60
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)
MI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

I.	IDENTIFICATION Name (Please Print)		
	city Melrose To	ork State IC	zip 60/60
II.	REPRESENTATION (This section is entity.)	s to be filled if the witness is app	earing on behalf of any group, organization or other
	Entity, Organization, etc. rep Health Care)	resented in this appear	ance (i.e., ABC Concerned Citizens for
		All JA	6
	-		
III.	POSITION (Circle appropriate	e position)	
	Support	Oppose	Neutral



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form

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)

POSITION (Circle appropriate position)
Support

Oppose

Neutral



**Project Number: E-004-19** 

l.	Name (Please Print) Matthew Hernandez
	City Melsose Pask State 166100 Zip 60160
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)
	23
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

I.	Name (Please Print) VINAY B. GOSAI
	City MELROSE PARK State 1L. Zip 60/60
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)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form

II. POSITION (Circle appropriate position)

Support

Oppose

Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Melecce Park State Z zip Lec / Li

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: E-004-19** 

l.	Name (Please Print) JAVICY VICY A
	City Mc L Rose PArk State 116 Zip 60/60
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)
	6
	- N
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



# **Public Hearing Appearance Only Registration Form**

Project	Number: E-004-19
t.	Name (Please Print) Gahan Jacobs McDonald
	cityRiver Forest state IL zip 60305
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
	I oppose the closing of Westlake Hospital.
	Westlake Hospital.

3/11/19



**Project Number: E-004-19** 

IDENTIFICATION Name (Please Print)	armen Jones	
City Chicago	State	Zip_60A11
REPRESENTATION (This entity.)	section is to be filled if the witness is appearing on l	behalf of any group, organization or othe
Entity, Organization, ed Health Care)	cc. represented in this appearance (i.e	e., ABC Concerned Citizens fo
POSITION (Circle appro	ppriate position)	
Stoniore	Oppose	Neutral



Project	Number: E-004-19
I.	Name (Please Print) LANDALL SENNINGER
	City MEGROSE PK State FL Zip & 1600
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



### STATE OF ILLINOIS

### HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

reja lo	fe ?	
<pre>State_</pre>	$\sim \Gamma \wedge$	- (- N/ C)
	Xe	Zip_ <u>60162</u>
s to be filled if the witness is app	pearing on behalf of any gro	oup, organization or other
resented in this appear	rance (i.e., ABC Cond	cerned Citizens for
		3
e position)		
Oppose	Neutral	
	resented in this appear	resented in this appearance (i.e., ABC Conderson)



Project N	lumber: E-004-19
1.	IDENTIFICATION Name (Please Print) Patha Patha
	City Naper Ville State IL zip 6056
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: E-004-19** ı. **IDENTIFICATION** 1 clien Name (Please Print) \_ City Meliose State II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) 111. POSITION (Circle appropriate position) Support Oppose Neutral



**Project Number: E-004-19** 

City North Lo	ke	State		Zip	6016
REPRESENTATION (The	iis section is to be fil	led if the witness is appea	ring on behalf of any gro	up, orga	nization or other
Entity, Organization,	etc. represent	ed in this appearar	nce (i.e., ABC Conc	erned	Citizens for
Health Care)					
	· <del>-</del>		<u> </u>		
				<del></del>	
i i				714-	
				-	



**Project Number: E-004-19** 

I.	IDENTIFICATION Name (Please Print)	Ranieri	
	City Melrose Bark, State Il	Zip 6	0160
II.	REPRESENTATION (This section is to be filled if the witness is appearable.)		
	Entity, Organization, etc. represented in this appeara Health Care)	nce (i.e., ABC Concerned (	Citizens for
III.	POSITION (Circle appropriate position)		
	Support Oppose	Neutral	



**Project Number: E-004-19** 

1.	Name (Please Print) Ida Rance
	City Meliene Park, State 11. Zip 60160
It.	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: E-004-19

## Public Hearing Appearance Only Registration Form

II. IDENTIFICATION Rame (Please Print) Rame (Please Print) Rame (Please Print) Rame (Please Print) Representation 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 N	lumber: E-004-19  Par Par RUTA
l.	IDENTIFICATION Name (Please Print)
	City Maloose Pork State 12 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



## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION Robert Found For State For Health Care)

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: E-004-19
t.	Name (Please Print) Tawara H. Fauerso  City Marose Park State LL Zip 601600
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: E-004-19** 

	Name (Please Print) ANGELA GARCIA  City Westchostor State IL zip 60150
•	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)
	neatti Carej
l.	POSITION (Circle appropriate position)  Support Oppose Neutral



Project N	Number: E-004-19
l.	Name (Please Print) Andrea Print) Lollo  City Me Mose Park state III zip 60160
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: E-004-19** 

I.	IDENTIFICATION Name (Please Print)	AUNA COSE	ENtino	
	City MELPOSE PK	State <u>6016</u>	0 zip 708	P
II.	REPRESENTATION (This section is entity.)	to be filled if the witness is appearin	g on behalf of any group, organizatio	on or other
	Entity, Organization, etc. repr Health Care)	esented in this appearanc	e (i.e., ABC Concerned Citiz	ens for
	3			
III. 😟	POSITION (Circle appropriate	position)		
	Support	Oppose	Neutral	



Project Number: E-004-19

I.	IDENTIFICATION Name (Please Print)	EE R	BA	ILEY		
	City MELROSE	PK	State	4	Zip <u>(</u>	60160
II.	REPRESENTATION (This entity.)	section is to be filled if	the witness is app	earing on behalf of any	group, orgai	nization or other
	Entity, Organization, et Health Care)	cc. represented i	n this appear	ance (i.e., ABC Co	oncerned	Citizens for
		-				
III.	POSITION (Circle appro	opriate position)				
	Support	Or	pose	Neutral		



**Project Number: E-004-19** 

IDENTIFICATION Name (Please Print)	NN	<sub>j</sub> e l	BAILE	y		
city Molrose	Park	_State _	200		Zip	60160
REPRESENTATION (This section entity.)	ion is to be filled i	f the witne	ss is appearing on	behalf of any	group, org	anization or other
Entity, Organization, etc. ( Health Care)	represented	in this a	ppearance (i.	e., ABC Co	ncerne	d Citizens for
			3903			
-						
POSITION (Circle appropr	iate position	)		**		
Support	O	ppose		Neutral		



Project Number: E-004-19

Name (Please Print) LEONARD CASSIAN						
Name (Please Print) LEONARD GASSMANN  City MENDER RAW State Thunois Zip						
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)						
POSITION (Circle appropriate position)						
Support Oppose Neutral						



#### **Public Hearing Appearance Only Registration Form**

Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19 I. IDENTIFICATION / Name (Please Print) 60160 II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (Circle appropriate posi



Project I	Number: E-004-19
l.	Name (Please Print) NORMAN JONES
	City West Choster State Zip 6015
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: E-004-19
t.	Name (Please Print) JOHN F STARDSTKA  City WESTCHESTER State IL Zip 60154
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)
	DOCITION (Civil)
111.	POSITION (Circle appropriate position)
422	Support Oppose Neutral



Project Number: E-004-19

	IDENTIFICATION  Name (Please Print)	ETIE	NG	WIE	
	City MELROSE PARK	State	II	Zip	60126
	REPRESENTATION (This section is to be fentity.)	filled if the witness	is appearing on beh	alf of any group, org	anization or other
	Entity, Organization, etc. represent Health Care)	ted in this ap	pearance (i.e.,	ABC Concerned	d Citizens for
l.	POSITION (Circle appropriate posit	tion)			
	Support	Oppose	N	eutral	



roject	Number: E-004-19
I.	Name (Please Print) La UVA OYO CO
	City MASSTATE State
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)
	Oppose Neutral



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form

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 Citizens for Health Care | Concerned Citizens for Health



Project	Number: E-004-19
<b>l.</b>	Name (Please Print) Kathryn Johl  City Elywood Park state IL zip 60707
Ħ.	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
¹III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	Number: E-004-19
l.	Name (Please Print) CAROL PAULSEN  City CICERU State IL zip60804
И.	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)
HI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

IDENTIFICATION Name (Please Print)	+RIE	E5	12051	To	
City C M 10			,		60656
REPRESENTATION (This	section is to be filled	if the witnes	s is appearing on be	half of any group,	organization or other
Entity, Organization, e Health Care)	tc. represented	d in this a	opearance (i.e.	, ABC Concerr	ned Citizens for
			-		
	<u></u>				
POSITION (Circle appr	opriate positio	n)			
Support		Oppose	1	Neutral	



Project N	Number: E-004-19
I.	Name (Please Print)  City 17 King Ashur State North Cafe Zip 606
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: E-004-19** 

l.	Name (Please Print) JUDITH DE LA MICEA - MACIA)
	City MELRUSE PARK State IL Zip 60160
<b>(</b> 1.	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)
	WESTLAKE NEEDS TO STRY OPEN
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: E-004-19
i.	IDENTIFICATION Name (Please Print)  City MELACSE PANC State IL zip 60/60
	City MELLOSE AMIC State LL zip 60/60
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)
	WE WANT WESTLY OF EN!
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: E-004-19
I.	IDENTIFICATION Name (Please Print) BONNIE FAUIA
	City WARRENVILLE State 1 Zip 60555
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)
	I AM AN EMPLOYEE, FORMER PATIENT x 3,
	AND INTERESTED IN KEEPING HOSPITAL OPEN FOR
	THE BENEFIT OF THE COMMUNITY!
III.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Facility	Name: Westlake Hospital, Melrose Park, Illinois
Project (	Number: E-004-19
I.	Name (Please Print) JAMES V FAVIA.  City WANNEAVILLE State L. Zip 6 0 5 5 5
IJ.	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)  Sporsc of Employe At  West LAKE Hosp
	V
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral

3/11/19



Project Number: E-004-19

•	Se Park State		Zip_	ganization or
entity.)	,, ,		, o, a, g, oo.p, oo.	,
	etc. represented in this	appearance (i.e	., ABC Concerne	d Citizens
Health Care)				
		<del></del> .		



Project N	Number: E-004-19
I.	IDENTIFICATION Name (Please Print) TO ANN SC LAFIN
	City NELROSE PARK State FL Zip 60/60
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: E-004-19** 

IDENTIFICATION  Name (Please Print) CH	farles	SCLAFIN	٠.	
City MPLNOSA	PAN State_	12	Zip	bolle
REPRESENTATION (This section entity.)	tion is to be filled if the witness	is appearing on behalf of any	group, organ	ization or other
Entity, Organization, etc. Health Care)	represented in this ap	pearance (i.e., ABC Co	oncerned (	Citizens for
d d				55
POSITION (Circle appropri	riate position)			
Support	Oppose	Neutral		



Project I.	IDENTIFICATION Name (Please Print)  AMM JUSIU  Name (Please Print)
	Name (Please Print) / 1111001000 City JOIL zip 60432
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)  RN A+ West Ale.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



njeci	Number: E-004-15
l.	Name (Please Print) Carl Russo
	City Melvose Park State IL zip 60160
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)
	IVont
HI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City MELROSE PK State JLL 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



**Project Number: E-004-19** 

IDENTIFICATION Name (Please Print)	FARAMAR	Z EGHR	ARI, MD	
			Zip	60/60
	is section is to be filled if the	witness is appearing on bei	half of any group, orga	nization or other
• •	etc. represented in th	nis appearance (i.e.,	ABC Concerned	Citizens for
Health Care) Westlake	Hospital	Medical	Staff	
	V			
	· · · · · · · · · · · · · · · · · · ·			
POSITION (Circle app	propriate position)			
Support	Oppo	se N	Jeutral	
	Name (Please Print) City Me/rose  REPRESENTATION (The entity.) Entity, Organization, Health Care) West a ke	Name (Please Print) FARAMAR & City Melrose Park Star REPRESENTATION (This section is to be filled if the entity.) Entity, Organization, etc. represented in the Health Care) Westlake Hospital	Name (Please Print)FARAMARZ	Name (Please Print)FARAMARZEGHRARI, M_D  CityMelrose



**Project Number: E-004-19** 

I.	Name (Please Print) E/MIRA R. Johnson
	City \$11/5,18 State 1/1 Zip 60/62
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)
	N.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
	Name (Please Print) Seorge Brown
	City <u>Bolluss</u> 3 State <u>711</u> zip <u>60184</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)
UI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



racility is	ialite. Westlake Hospital, Wellose Park, Illillois
Project N	lumber: E-004-19
l.	Name (Please Print)  City Welvose Par K State 1 Zip 60160
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)
	DASO organization
	5:
111.	POSITION (Circle appropriate position)  Support Oppose Neutral



**Project Number: E-004-19** 

I.	Name (Please Print) Olv A RIVERAL Clerate Reverted  City Mely Selav State Zip 6016
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)
	TO Organization
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
I.	IDENTIFICATION Name (Please Print)  Aucell Devere
	City UltrosePevk State / Zip 6016
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)
	1)ASO organization
101.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

REPRESENTATION (	This section is to be filled if the w	itness is appearing on behalf c	f any group, organization or (
•	, etc. represented in th	is appearance (i.e., AB	C Concerned Citizens
SEIV	Health	(a/l	
	<del></del>		



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
l.	Name (Please Print) State IL Zip 600
(I.	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)  Complete Residual Re
III.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois	
Project N	lumber: E-004-19
l.	IDENTIFICATION Pamela Stokes Name (Please Print)
	City Melvosc park State IL Zip 601
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)
	Westake #
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19		
l.	Name (Please Print) Anna Marie Falcone	
	City Schiller Park State FZ zip 60176	
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)	
	EMPLOYEE + PATIENT	
00.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
l.	Name (Please Print) Abaula Shipson
	City Melrose Harl State IL zip (10160)
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)
	Employee & patient
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: E-004-19
l	Name (Please Print) DOSSICA ONDOLOA  City HUSI de State II zip 600163
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



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City O Melrose Padestate Tip Gold

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)

WHALE COMPLEYED

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois	
Project I	Number: E-004-19
I.	Name (Please Print) Gloria Burrell Heckins
	city Maywood state Alinois zip 60153
ff.	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)
	I belong to Rock of Ages
	Baphst Church and also a Westlake Hospital Employee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Melrose Pack State I Jip

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)

Concerne O employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



ojecτ	et Number: E-004-19	
l.	Name (Please Print) Haven Gan +	
	city Broadview state III zip 60155	
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)	
	amplayee	
MI.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) BANS AWA

City Dooming Classate Zip Coll State

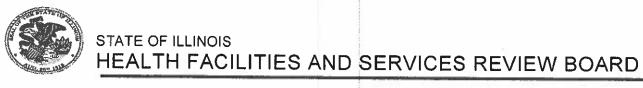
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Westlake Employee Westlake

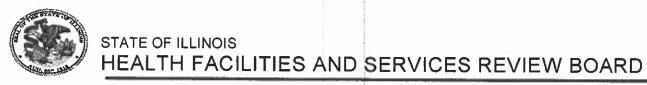
Chery Family Come to Westlake

III. POSITION (Circle appropriate position)

Neutral

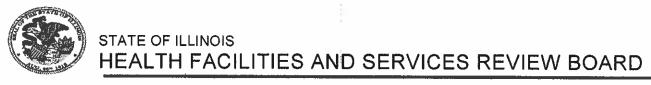


Facility I	Facility Name: Westlake Hospital, Melrose Park, Illinois				
Project I	Project Number: E-004-19				
t.	Name (Please Print) Hady Hary City Hersale Hary State All zip 60139				
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)				
	Employee				
III.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



Facility Name: Westlake Hospital, Melrose Park, Illinois

t	Number: E-004-19
	Name (Please Print) MANCY MC6/201/
	City Bridgeria State of zip 600
	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or othe entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

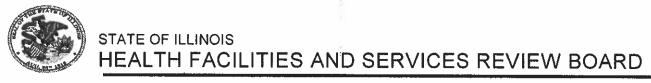
I. IDENTIFICATION ARRY FORD

City DARTEN State Jug 60 56

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)

The player of the propriate position of the properties of the properties of the player of the properties of the



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

ADA OSTROROG

City Hero's e Print)

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)

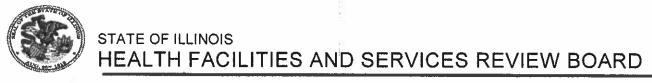
EMPLOYEE

III. POSITION (Circle appropriate position)

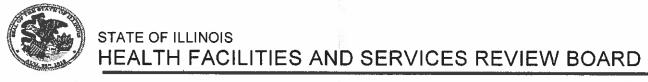
Support

Oppose

Neutral



Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print) Vivainia Vroyo
	city Westmont state IL zip 60559
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)
	Employee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

IDENTIFICATION		100	
Name (Please Print)	SYSTAL ON	404 L	
city Mel ROS	2 PARYstate 7	zip 60	1
REPRESENTATION (This section entity.)	on is to be filled if the witness is ap	pearing on behalf of any group, organizat	ion o
•	represented in this appea	rance (i.e., ABC Concerned Citi	zen
	=	-	
		- 0	
	<u> </u>	, , , , , ,	
POSITION (Circle appropri	iate position)		
Support	Oppose	Neutral	
/ 1			



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
l.	Name (Please Print) DMMy Son
-	City Fellwood State IC Zip 60104
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)
	tation
HI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



jec	t Number: E-004-19	
	Name (Please Print) 100100 Ohrson  City Clay State Zip L	20101
•	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organizentity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Ci Health Care)	
	Patient	
) II.	POSITION (Circle appropriate position)	



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print)  A COLONIA
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)
.	POSITION (Circle appropriate position)  Support Oppose Neutral



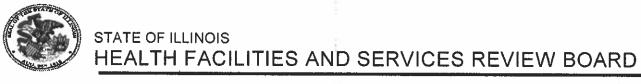
(-1)
104
ens for



Project N	Number: E-004-19
I.	IDENTIFICATION Name (Please Print) Ka Falcone  City Elmwood PK State FC Zip 6070
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)
	PATIENT
HI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
I.	Name (Please Print) Robert Falcone
	city Schiller PK State F2 zip 60176
If.	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)
	PATIENT
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19 Ī. **IDENTIFICATION** Name (Please Print) II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other 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: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

IDENTIFICATION Name (Please Print)	MA Ki	TRANTE	NG	
City Melrose	Park State_	FL	Zip	60162
REPRESENTATION (This section entity.) Entity, Organization, etc. (Health Care)				
Concerned	physic	an.	110	
			W	
POSITION (Circle appropr	iate position)			
Support	Oppose	Neutra	al	



oject I	Number: E-004-19			
l.	IDENTIFICATION Name (Please Print)	UN GRAZIANO		
	city Meluse Prile	State	Zip	40160
(I.	REPRESENTATION (This section is to be j	filled if the witness is appearing o	n behalf of any group, org	anization or other
	Entity, Organization, etc. represen	ited in this appearance (i	i.e., ABC Concerne	d Citizens for
	Health Care)	of Wettah	e Hospato	D -
	We Alud	OB Dent-	, v	_
		<b>!</b>	>	
				18E
101.	POSITION (Circle appropriate posi	ition)		
	Support	Oppose	Neutral	



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Nelvox Poxx State 1 Zip 60160

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)

Employee of Westlake Assphal

III. POSITION (Circle appropriate position)
Support

Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) State Spence R

City Haman State I zip Hadde

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)

Employed Quart ARC

FOSITION (Circle appropriate position)

Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Hilside State Jip Collor

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)

Emplified J Tyrs Worldwife

III. POSITION (Circle appropriate position)

Support Oppose Neutral



**Project Number: E-004-19** 

l.	Name (Please Print) Unet Hernandez)
	City Melvose PK State IL zip 40140
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)
	employee for 11 years.
	community member, concerned
	parent of two minor westrako
	who has benefited from community propries out as mamogram mogram.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facil	lity N	iame: Westiake Hospital, Welrose Park, Illinois
Proj	ect N	lumber: E-004-19
l.		Name (Please Print) Agatha Source  City Mulinau State
II	l <b>.</b>	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)
-	II.	POSITION (Circle appropriate position)  Support Oppose Neutral



#### **Public Hearing Appearance Only Registration Form**



Facility I	Name: Westlake Hosp	ital, Melrose Par	k, Illinois	
Project !	Number: E-004-19			
l.	IDENTIFICATION Name (Please Print) City	ULBERTS PRYLE State	Amadi IL	zip 60160
II.	REPRESENTATION (This section entity.) Entity, Organization, etc. reHealth Care)			
		34		
III.	POSITION (Circle approprie	ate position)		
	Support	Oppose	Neutral	



Facility Name: Westlake Hospital, Melrose Park, Illinois

**Project Number: E-004-19** 

III. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or oth entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  POSITION (Circle appropriate position) Support Oppose Neutral		ame (Please Print)	Lisa	seth_	Stewar	<del>d</del>	
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  POSITION (Circle appropriate position)	Ci	ty Molrose P	2 Nc	State		_Zip	60102
I. POSITION (Circle appropriate position)	ent	tity.)					
Support 6	En He	ntity, Organization, etc. re ealth Care)	epresented i	n this appear	ance (i.e., ABC Con	cerned	Citizens for
Suppose Spring S			<del></del>				
Summort							
Support							
Support Oppose Neutral	P	OSITION ( <i>Circle appropri</i> i	ate position)				
		Support	(6p	pose	Neutral		



Project Number: E-004-19

Support

# Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

I. IDENTIFICATION
Name (Please Print) Geraldine Dunne

City Chicago State I zip 66647

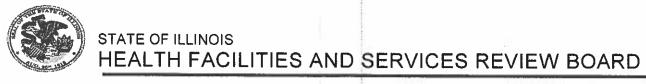
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

The community needs the serveces of the shapetel Especially the Maternal Child Health Unit.

The Community needs the jobs as well.

Oppose

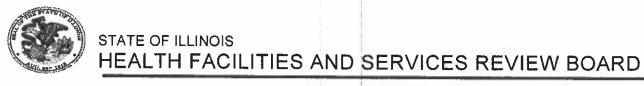
Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

l.	Name (Please Print) Kee C. Kim
	City Melvose Parlistate IL zip 60/60
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



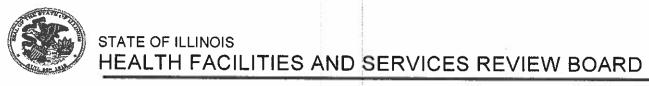
oject	Number: E-004-19
t.	Name (Please Print) BEHROOZ ESHAG BY M.D
	City Oak Brook State 900 Zip 60523
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	west Sake Physicias
	Sence 1975
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

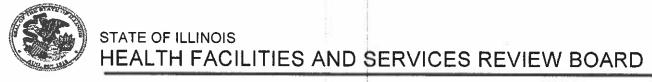
l.	Name (Please Print) MARK TOMERA
	City <u>RIVER FOREST</u> State <u>FC</u> zip 60301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Patient
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City \_\_Cuk \_\_Cuk \_\_State \_\_\_L \_\_Zip \_\_Cuc \_\_Cut \_\_Cut \_\_Cuk \_\_State \_\_\_L \_\_Zip \_\_Cuc \_\_Cut \_\_Cuk \_\_State \_\_\_L \_\_Zip \_\_Cuc \_\_Cuc \_\_Cut \_\_Cuc \_



#### Public Hearing Appearance Only Registration Form



#### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print)

City (City (Charles appropriate position))

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)

ARES (DENT)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



#### Public Hearing Appearance Only Registration Form



#### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

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)

Oppose Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
City MA YWG I)

State 1 Zip 60153

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)

III. POSITION (Circle appropriate position)
Support Oppose Neutral



#### **Public Hearing Appearance Only Registration Form**



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
City Schiller Parkstate

Zip 60176

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)

(Apple Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
Support

Oppose

Neutral



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
	DENTIFICATION Name (Please Print) Robert A Sue 5  City NRVNOOC State T zip 6015 3
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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
City State J. Zip 60613

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)

CONCORNAL CITIZED

III. POSITION (Circle appropriate position)
Support Oppose Neutral



# Public Hearing Appearance Only Registration Form

I. IDENTIFICATION And I A MOLINAY

City Melrose Party State I Zip Golbo

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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION | A hali | Karim mg

City | Melroscark | State | II | Zip | Walanta |

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 |

Keep Wattke CREA



Number: E-004-19  IDENTIFICATION  Name (Please Print)  A PLAFF,
Name (Please Print) Schelle GNIZAFF,
City Melrose PK State Zip 60/60
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)
POSITION (Circle appropriate position)
Support Oppose Neutral



Support

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Chicago State LL Zip 60605

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)

Oppose



Project i	Number: E-004-19
l.	Name (Please Print) Callendo
	city Metrose Paux State 1L zip 60160
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: E-004-19** 

Name (Please Print) ANTIONY NBRUZZO
City MELROSEPARIC State 12 Zip GOLD
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)
TRUSTEE VILLAGE OF MELIZUSE PHRK
POSITION (Circle appropriate position)
Support Oppose Neutral



Project N	lumber: E-004-19
I.	IDENTIFICATION Name (Please Print)  Authory
	City Maywood State Il Zip 60153
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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Mark. PK State

State

Zip 6016 C

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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) BERNA Cette Scala

City Me/ROSE Papk State II. Zip 60160

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

**Project Number: E-004-19** 

Oppose

Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Name (Please Print)

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

**Project Number: E-004-19** 

Oppose

Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) MARK AND VILLAGE WR

City Maywood State De Zip 6053

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)

\*\*Exercise Maybe Concerned Citizens Maybe Concerned Citizens for Health Care)

\*\*Support Oppose Neutral Maybelal And All Angelal Angeland Concerned Citizens Maybelal Angeland Concerned Citizens Maybeland Concerned Citizens Maybeland



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

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)

Oppose

Neutral



#### Public Hearing Appearance Only Registration Form



Facility Name: Westlake Hospital, Melrose Park, Illinois

**Project Number: E-004-19** 

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)

(ON FINED (TIZEN)

Support Oppose Neutral



Project Number: E-004-19

### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print)

City From the Vove State The Zip Golf

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



### Public Hearing Appearance Only Registration Form

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 Citizens

III. POSITION (Circle appropriate position)

Support

**Project Number: E-004-19** 

Oppose

Neutral



#### Public Hearing Appearance Only Registration Form

**Project Number: E-004-19** Name (Please Print) Martha L. Kushner, m.D.

City Melrose Park State II zip 60160 I. IDENTIFICATION II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Medical Ш. POSITION (Circle appropriate position) Support Définite ly Keep Mestlake Open!



Facility Name: Westlake Hospital, Melrose Park, Illinois

**Project Number: E-004-19** 

REPRESENTATION (This so	ection is to be filled if the witn	ess is appearing on behal	f of any group, organization (
<sub>entity</sub> .) Entity, Organization, etc	c. represented in this a	appearance (i.e., A	BC Concerned Citizer
Health Care)		., , ,	
Constant	d Citizer	<u> </u>	
. 16 61 1/6 (	V (1 (0)	Σ.	
•			



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City State Zip Joley

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

**Project Number: E-004-19** 

Oppose

Neutral



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print) Arang dista ling of s Jacos
	City Me/Rosa Park 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)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City MCROS Par IK State Tip Gold

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



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
l.	Name (Please Print) HIRTHAL PATODIA W.D  City Metose Pork State 1 Zip Go165
	City Metose Pork State 11 Zip Go165
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
45	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
•	PHYSICIAN. WESTLAKE HOSPMAL
46	
III.	POSITION (Circle appropriate position)  Support Oppose Neutral



### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print)

City Jons State TL Zip 60534

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)

On (Pn & City En



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City State I Zip 6053

II. REPRESENTATION (This section is to be filled if the witness is appearing an behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Right Med Home Health (afe



<b>Project</b>	Number: E-004-19			
t.	IDENTIFICATION Name (Please Print)	Ellin	Miller	
	city Lyons	State	IL	zip 60534
H.	REPRESENTATION (This section entity.)	on is to be filled if the wi	tness is appearing on beha	alf of any group, organization or other
	Entity, Organization, etc. r	epresented in this	s appearance (i.e., A	ABC Concerned Citizens for
	Health Care)	d Citizen	)	
		Ã		
Ш.	POSITION (Circle appropri	ate position)		
	Support	Oppose	) Ne	eutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) Abells State I Zip 60534

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 Citizens

Oppose Neutral



# Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City

State

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

Oppose

Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City State T Zip Zip

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

**Project Number: E-004-19** 

Oppose

Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

**Project Number: E-004-19** 

Name (Please Print) Va Gillis Kyria kopolos
City Lyons State IL Zip 60834
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)
Golden regrs
POSITION (Circle appropriate position)
Support Oppose Neutral



**Project Number: E-004-19** 

<b>I.</b>	IDENTIFICATION Name (Please Print) CHULL MAPLE
	City MAYWOOD State IL Zip 60153
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)
	· · · · · · · · · · · · · · · · · · ·
ш.	POSITION (Circle appropriate position)
ш.	POSITION (Circle appropriate position)  Oppose Neutral



### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

l.	Name (Please Print) Martha Magallanes
	city Melrose Park State II- zip 60160
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 community sesident
<b>III</b> .	POSITION (Circle appropriate position)
	Support Neutral Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois **Project Number: E-004-19** l. **IDENTIFICATION** Name (Please Print) Ye VA POINCIPE REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) resident + latient of Westluke III. POSITION (Circle appropriate position) Neutral Support 7/0 closing

3/11/19



#### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print) IRENE M. REBERS KY
City Stone PARK State II. Zip 10165-16

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



### **Public Hearing Appearance Only Registration Form**



### **Public Hearing Appearance Only Registration Form**

**Project Number: E-004-19** I. IDENTIFICATION Name (Please Print) Letisa Jones Broadiew State 100155 II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Village of Broadview POSITION (Circle appropriate position) III. Neutral Support Oppose



Project N	lumber: E-004-19
I.	Name (Please Print) Tracy Kenny
	City Brozdvicu State Illinois Zip 60155
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)
	Broadview Fire Dept.
111	POSITION (Circle appropriate position)
Ш.	POSITION (Circle appropriate position)  November
	Support Oppose Neutral



## Public Hearing Appearance Only Registration Form



### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print)

City LCERO
State II. Zip LOBOY

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)

De. Nabil Bakh

III Superior Butte GR

MELIOSE PARK, II. (60160)

III. POSITION (Circle appropriate position)

Support

Oppose Neutral



Project N	lumber: E-004-19
f.	Name (Please Print) Joanne Pope
	City Me rose Park State IL zip 60160
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)
	37
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

### Public Hearing Appearance Only Registration Form

II. IDENTIFICATION
Name (Please Print)

City Melrose Pork State Tip 600100

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)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City EIK Grave VIg State 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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print)

City State State Zip Joseph 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: E-004-19** 

t.	IDENTIFICATION Name (Please Print) Stepha	nie Hernai	ndez	-
	city <u>C1Ce70</u>	State	14	Zip <u>(00</u> %0℃
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. represented to the control of the control o	esented in this a	epearance (i.e., Al	3C Concerned Citizens for of Westlake
	-			
III.	POSITION (Circle appropriate	position)		
	Support	Oppose	Neu	ıtral



### Public Hearing Appearance Only Registration Form



### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print)

City Melius Paril State

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: E-004-19** 

Support

### Public Hearing Appearance Only Registration Form

Oppose

Neutral



#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19 Name (Please Print) Maria 5. 50/18 II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for POSITION (Circle appropriate position) 111. Neutral Support Dinot close our tespetas, we read a Hay \$50 who illy to work 3/11/19



## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

oject	Number: E-004-19
I.	Name (Please Print) Corinne Trincipe
	City Metrose Pack State FCC zip 60160
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)
	Doctors & Nukses
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



## Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Melvose Pavk State 12 Zip 6060

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)

PC Siden 4.

III. POSITION (Circle appropriate position)

Support Oppose Neutral



oject i	Number: E-004-19
I.	Name (Please Print) Jose Coylez
	City Mel vo se par K state 122 zip 60/60
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 (Circle appropriate position)
	Support Oppose Neutral



### Public Hearing Appearance Only Registration Form



## Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City MELRAS L. PARK State

T. L. Zip 6 0 0

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



### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

1.	Name (Please Print) Claudia Lopez
	City Maywood State 1 Zip 60153
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



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City MELRISE SHRII

State Fr Zip Follow

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)

WEST AKE

III. POSITION (Circle appropriate position)

Support

Oppose Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
City Malroso Park State

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)

Position (Circle appropriate position)
Support

Oppose

Neutral



**Project Number: E-004-19** 

l.	Name (Please Print) RACHEL C. PAUL
	City MELROSE PARK State 1L Zip 60160
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)
	WESTLAKE HOSPITAL
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

REPRESENTA	ATION (This secti	on is to be filled	if the witness	is appearing on t	ehalf of any grou	ıp, organization
	nization, etc. r	epresented	in this app	pearance (i.e	., ABC Conce	erned Citize
Health Care		•		155	PITA	
	WES	1 LA	116	400	PILA	)
						- 100



### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

### **Public Hearing Appearance Only Registration Form**

I. IDENTIFICATION
Name (Please Print) RAYMOND J BEHRENT

City River Forest State 12 Zip 60305

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: E-004-19** 

l.	IDENTIFICATION Name ( <i>Please Print</i> ) <u> </u>	TH W	HEKIERAK		
	City MELROSE PAK	State	IL	Zip	60160
II.	REPRESENTATION (This section is to be fille entity.) Entity, Organization, etc. represente Health Care)  FRESENTATION (This section is to be fille	d in this app	earance (i.e., ABC Co	ncerne	d Citizens for
			i.		
				70	
III.	POSITION (Circle appropriate position	on)			
	Support	ppose	Neutral		



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form



**Project Number: E-004-19** 

	N (This section is to be )	filled if the witness is	appearing on behalf o	f any group, organizatio
<sub>entity</sub> .) Entity. Organizati	on, etc. represen	ted in this app	earance (i.e., AB)	C Concerned Citiz
Health Care)	on, atti raprasan	rea in ans app	and the fire the	
•	TLAILE	HESP.	M& DICA	L STAF



POSITION (Circle appropriate position)

Support

**Project Number: E-004-19** 

III.

### Public Hearing Appearance Only Registration Form

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)

WESCHILD KLANEY (ARC - Mol 1005)

Oppose

Neutral



## Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Maywood State Tip 60 15 3

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)

Westlake Hogit AL EVS

III. POSITION (Circle appropriate position)

Support Oppose Neutral



### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Melvose Park State The Zip Collect

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)

West House House



## Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City McLRosc Boll State Zip 60/64

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)

West Lake Health Err Norse

III. POSITION (Circle appropriate position)
Support Oppose Neutral



Project I	Number: E-004-19
l.	Name (Please Print) Mary E. Kateeh  City Mulrose Place State It zip 60160
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



### STATE OF ILLINOIS

# HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Testimony Registration Form

Facility N	lame: Westlake Hospita	ıl, Melrose Park, I	Ilinois Appea	vanie
Project N	lumber: E-004-19			Only
l.	IDENTIFICATION Name (Please Print)		mera	
	City 6974 W.Di	VERState dis	agoll zip	60707
H.	REPRESENTATION (This section is to entity.)	o be filled if the witness is appe	earing on behalf of any group, o	rganization or other
	Entity, Organization, etc. repre Health Care)	esented in this appeara	ince (i.e., ABC Concerno	ed Citizens for
	gray m	H2,50,0		
				ASSESSED ASSESSED
III.	POSITION (please circle appro	priate 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

Project I	Number: E-004-19				
I.	IDENTIFICATION Name (Please Print)	Wa	ods		
	city Belluncol	Stat	_ Z_	Zi	60104
II.	REPRESENTATION (This section is to be file entity.)				78.5
	Entity, Organization, etc. represent Health Care)	ed in the	s appearance	(i.e., ABC Conce	ned Citizens for
					<u> </u>
	3.5				£ 17
1					
111.	POSITION (Circle appropriate posit	ion	1		5
	Support	Oppos	e )	Neutral	



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility	Name: Westlake Hospital, M	elrose P	ark, Illino	is		
Project	Number: E-004-19	PROPERTY AND PROPE	34		*	
Ι,	IDENTIFICATION Name (Please Print)	Tur	ner	PE .		
	city Chicago	State	TL	·····	.Zip. 60	614
tt.	REPRESENTATION (This section is to be fill entity.)					53
	Entity, Organization, etc. represented Health Care)	ed in this a	ppearance (i	.e., ABC Con	cerned Citi	zens for
						15
: fII.	POSITION (Circle appropriate position	on) Oppose	)	Neutral	64 9.	124
	/	100m+ 401 A+ 4 444				



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility I	Name: Westlake Hospital, Melrose Park, Illinois	
Project I	Number: E-004-19	
I.	Name (Please Print) INA TRAVIS	3.
	city Westchester state IL	zip 60154
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf entity.)  Entity, Organization, etc. represented in this appearance (i.e., AB Health Care)	±8
		i i
		2 2
: (III.	POSITION (Circle appropriate position)  Support Oppose Neu	tral



## HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Project N	Number: E-004-19	
l,	IDENTIFICATION Name (Please Print) Glorif Travi	
	City Westchester state	zip 60154
U.	entity.)	itness is appearing on behalf of any group, organization or other s appearance (i.e., ABC Concerned Citizens for
	Health Care) Patient of H	ospital
III,	POSITION (Circle appropriate position)  Support  Oppose	Neutral



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19
1.	Name (Please Print) Denzel Turner
	city Westchester state IL zip 60154
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)  Emplace of hospital
:     ,	POSITION (Circle appropriate position)  Support  Oppose  Neutral



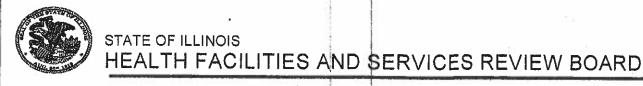
# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility i	Name: Westlake Hospital, Melrose Park, Illinois
Project I	Number: E-004-19
t.	Name (Please Print) Denise Malinowski
	city north)ake state FC zip (00/64)
₹1.	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) Employee
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



## STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility	Name: Westlake Ho	spital, I	Melros	Park,	Illinois		£	
Project	Number: E-004-19						- T	
I.	IDENTIFICATION Name (Please Print)	ARI	ANI	4	Mora	les		-
	city Northlak	e	Stat	e	the	Zip	60/1	14
11.	REPRESENTATION (This see entity.) Entity, Organization, etc. Health Care)							65
					<u> </u>			
								12
111.	POSITION (Circle appro	priate posi	ition)					
	Support		Oppos	e)	Neut	ral		



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION SABRINA MORGES

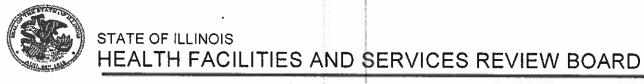
City Make State To Journal State

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

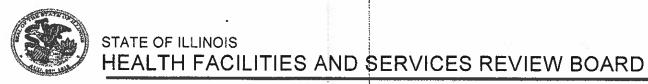
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HII. POSITION (Circle appropriate position)

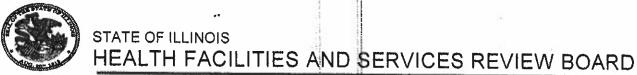
Support Oppose Neutral



oject	Number: E-004-19
l.	IDENTIFICATION Name (Please Print) IRASEMA PEREZ
	Name (Please Print) IRASEMA PEREZ  City Melrose Park State IL Zip 60/60
<b>II.</b>	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, Buisness Owner
(II.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Project N	Number: E-004-19
I.	Name (Please Print) BLANCA RINCON  City Mulrose Park state IL zip 60/60
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)
.s III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19 IDENTIFICATION Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) POSITION (Circle appropriate position) III. Support Oppose Neutral



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

## Public Hearing Appearance Only Registration Form

Project N	Number: E-004-19
ł.	IDENTIFICATION Name (Please Print) ERIC Wilson City Willowbrook State L Zip 6056/
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)
Ш.	POSITION (Circle appropriate position) Support Oppose Neutral



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

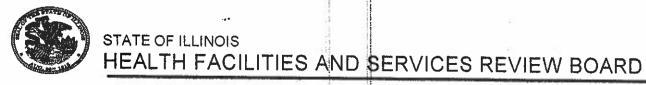
Facility	Name: Westlake Hospital, N	delrose Park,	Illinois	
Project	Number: E-004-19			
t.	IDENTIFICATION Name (Please Print) City Allo Stream	ante_	LOST	1NA-
II.	REPRESENTATION (This section is to be fi entity.) Entity, Organization, etc. represent Health Care)			- 6
	Employee	AND	Ti de la companya de	
		The state of the s		
111.	POSITION (Circle appropriate posit	ion)		
	Support	Oppose	Neutral	ŧ



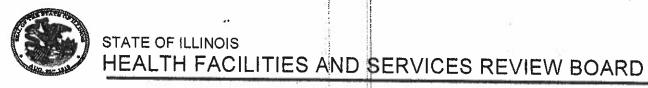
Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

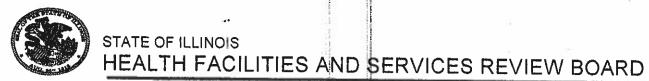
IDENTIFICATION	1/i com	160-0160	
Name (Please Print)	Vicenie	naja pas	
City Morrica	VgeState	LL 21p 60	7
REPRESENTATION (This s	ection is to be filled if the witness is ap	ppearing on behalf of any group, organization of	r oth
Entity, Organization, et Health Care)	c. represented in this appea	rance (i.e., ABC Concerned Citizen:	s fo
Employ	ree		
POSITION (Circle appro	priate position)	Ø.	
	Oppose	Neutral	



Project	Number: E-004-19	
l.	IDENTIFICATION Name (Please Print)  City Stone Park State	CheVARRIA Zip 60165
ti.	entity.)	tness is appearing on behalf of any group, organization or other is appearance (i.e., ABC Concerned Citizens for
	Employee	
<b>II</b> I.	POSITION (Circle appropriate position)	14
	Support Oppose	Neutral



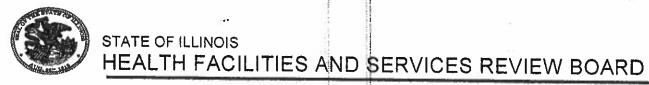
oject	Mullibel: E-004-15	
I.	IDENTIFICATION Name (Please Print)	GAIL GONZALEZ
	city Mi Cago	
II.	REPRESENTATION (This section is to be filled entity.)	ed if the witness is appearing on behalf of any group, organization or other
	Entity, Organization, etc. represented Health Care)	ed in this appearance (i.e., ABC Concerned Citizens for
	Employee	2
III. :	POSITION (Circle appropriate position	onl
	to the teles appropriate position	
	Support	Oppose Neutral



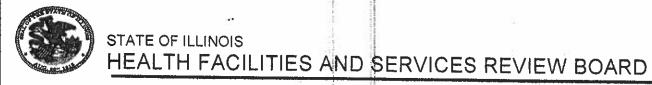
Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

1,	Name (Please Print) Vi Mary Visperas
	City Miles State L zip 600/6
IJ.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
.8.	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Employee
III.	POSITION / Circle annual de la constant de la const
	POSITION (Circle appropriate position)
	Support Oppose Neutral



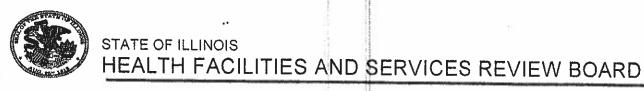
Project N	Number: E-004-19	
l.	Name (Please Print) Jerome Conjesor	
	City	/
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or oth entity.)	er
,	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens fo Health Care)	r
	Employee	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



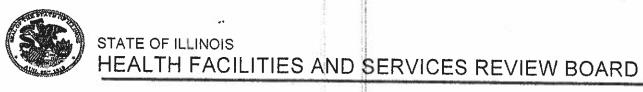
Project N	Number: E-004-19
l.	IDENTIFICATION Name (Please Print) Amonoro Colocado  City Aurora State Zip 60503
If.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  Employee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project I	Number: E-004-19
l.	Name (Please Print)  City Name (State Le Zip 60632
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)
	Employee
HI.	POSITION (Circle
н.	POSITION (Circle appropriate position)  Support Oppose Neutral



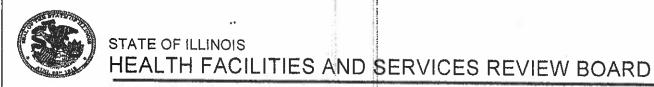
Project I	Number: E-004-19
l.	Name (Please Print) Joans Morgan  City May wolf State 1 Zip 6015
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  Additional Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)  Support Oppose Neutral



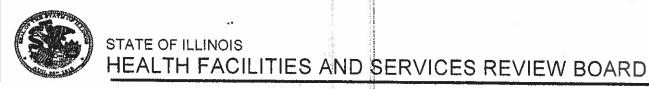
Project I	Number: E-004-19
1,	Name (Please Print) James Kelley
	City Melnos fork State
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
eg.	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Patient
	- Juliani,
ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



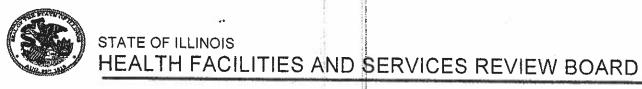
Project I	Number: E-004-19
l.	Name (Please Print) Call Frecheickson  City Elawood Pack State Zip 60707
(I. *©	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)  Support Oppose Neutral



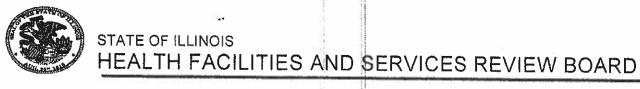
Project N	Number: E-004-19
l.	Name (Please Print) John Frechickson  City Elmurad Buk State L Zip 60707
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)  Support Oppose Neutral



Project N	Number: E-004-19			
I.	IDENTIFICATION Name (Please Print) City May word	rrell State	Sadle L	Zip 60/5=
11.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represe Health Care)	filled if the witness is app		5
Ш.	POSITION (Circle appropriate pos Support	Oppose	Neutral	



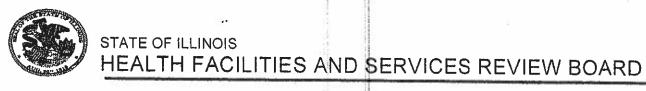
Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print)  Oscandla Woods
	City Maywood State 2 Zip 60153
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
8	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	+ariont
101.	POSITION (Circle appropriate position)
	Support Oppose Neutral



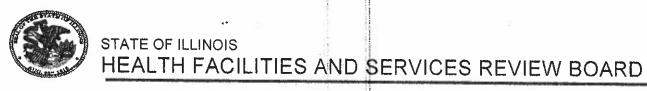
Project N	Number: E-004-19
f.	IDENTIFICATION Mancy Ganza  City Makeose Rock State L Zip 60/60
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: E-004-19
l.	IDENTIFICATION Name (Please Print)  Cano Gil
	City <u>Waywood</u> State
(I.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
6	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Parjon
10.	POSITION (Circle appropriate position)
	Support Oppose Neutral



ojett	Number: E-004-19
I.	Name (Please Print) Marcelino Werino
	city Broadview State 1/2 zip 60155
11,	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
45	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Parient
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



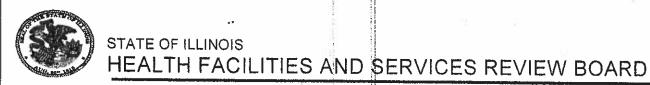
oject i	Number: E-004-19
1.	Name (Please Print) Many Meeks  City Nicago State Zip 60639
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
93	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Tarient
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



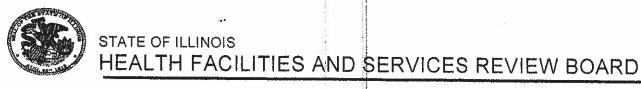
Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

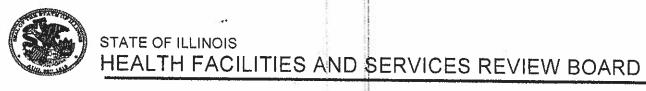
I.	IDENTIFICATION Name (Steers Stirt)
	City Mellose Ruk State 12 Zip 60164
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Parient
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



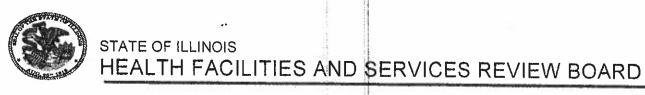
Project N	Number: E-004-19	
l.	IDENTIFICATION Name (Please Print)	Themeson
	City Stone Park State	Zip 60165
11.	REPRESENTATION (This section is to be filled if the witness entity.)	s is appearing on behalf of any group, organization or other
	Entity, Organization, etc. represented in this a Health Care)	ppearance (i.e., ABC Concerned Citizens for
	Parient	
101.	POSITION (Circle appropriate position)	
,,,,	1 OSITION (Circle appropriate position)	
	Support Oppose	Neutral



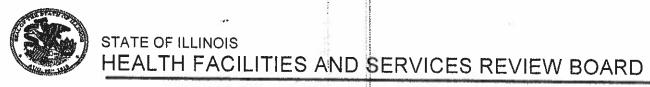
oject	Number: E-004-19
l.	Name (Please Print) JOSE Roman
	City Wellose lack state Zip 60/60
It.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care)
	Parient
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



ojece	Taumber: E-004-13
1.	IDENTIFICATION Name (Please Print)  RISTINA ZARAZUA
	Name (Please Print) RISTINA ZaRazuA  City Bellwood State 12 Zip 60/04
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
9	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Parient
101.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
l.	Name (Please Print) MareTTA Green  City May wood State Zip 60/5=
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



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Magacy Class

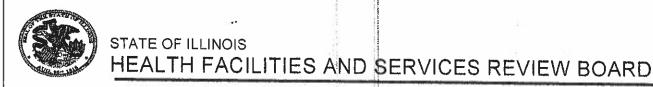
City Chicago State Zip UD637

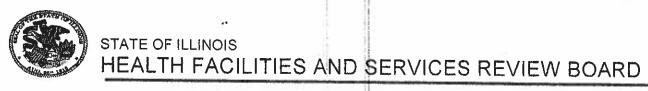
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

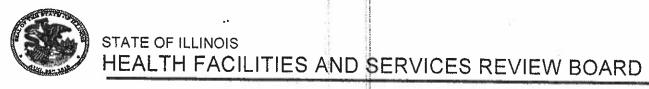
Concerned Citizens for Health Care)

Oppose Neutral





Project N	lumber: E-004-19
l.	Name (Please Print) Martina Megron  City Mi Cago State Zip 40651
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)  Employee
III.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Project N	lumber: E-004-19
t,	IDENTIFICATION Name (Please Print) 40 Canda Hay mod City May wood State 2 Zip 60/5
II,	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
ESP	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Employee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



## Public Hearing Appearance Only Registration Form

oject	Number: E-004-19		
t.	Name (Please Print)	12:0	hard
		7 3	te IL zip 6016Q
II.	entity.)		witness is appearing on behalf of any group, organization or other is appearance (i.e., ABC Concerned Citizens for
	Health Care) Forum Pa	in	Management april
			V
	<u> </u>		
III.	POSITION (Circle appropriate posit	1	
		Орро	Neutral



Facility Name:	Westlake	Hospital,	Melrose	Park,	Illinois
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**Project Number: E-004-19** 

Project	Number: E-004-13
l.	Name (Please Print) SHORHANA PATUDTA ME
Me ( rodel	City (11/5 hpon & Stroke State IL zip 60160
Si II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
985 - 57	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	- V V J Z ,
w III.	POSITION (Circle appropriate position)
	Support Oppose Neutral
	3/11/19



Project N	lumber: E-004-19	
l.	IDENTIFICATION Name (Please Print)  NANCY  DOAY	
	City MELROSE PARKState IL	zip 60/60
R.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any entity.)	group, organization or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Co Health Care)	oncerned Citizens for
III.	POSITION (Circle appropriate position)	
•	Oppose Neutral	

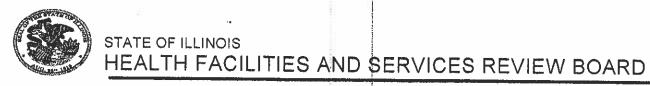


racility	Name: Westiake Hospitai, Meirose Park, Illinois
Project	Number: E-004-19
I.	Name (Please Print) DONALD MORRO  City Me rose Paul State / LC Zip 60160
<b>11.</b>	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
101.	POSITION (Circle appropriate position) Oppose Neutral



## Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19	the suppose
i.	IDENTIFICATION  Name (Please Print)	e Nowak
	City Opic Brook Sta	e 16 zip 60523-2770
II.	entity.)	vitness is appearing on behalf of any group, organization or other is appearance (i.e., ABC Concerned Citizens for
III. 	POSITION (Circle appropriate position)	EV .
	Oppos	e Neutral



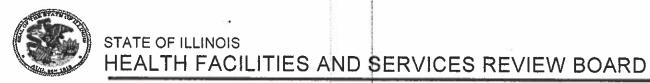
Project	Number: E-004-19
I,	Name (Please Print)  ARK  Thing Skin
	City MELROSE PARE State 16 Zip 60160
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Ш.	POSITION (Circle appropriate position)
	Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

IDENTIFICATION Name (Please Print)	ZLa Grel	aben	
City Of Port	State	2ºcoilE	Zip Leol304
REPRESENTATION (This section is to entity.)	9		
Entity, Organization, etc. repre Health Care)	sented in this ap	opearance (i.e., ABC (	Concerned Citizens for
Employs	٠		
POSITION (Circle appropriate p	oosition)		
Support	Oppose	Neutra	al



<b>Project Number</b>	r: E-004-19
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IDENTIFICATION
Name (Please Print) Sheila McGee
City BROGDUIEW State FLL Zip 60155
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 fo Health Care)
POSITION (Circle appropriate position)
Support Oppose Neutral



Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	Number: E-004-19
l.	IDENTIFICATION Bryan J. Epting JR  City May wood state I zip 60153
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)
æ IU.	POSITION (Circle appropriate position)  Support Oppose Neutral

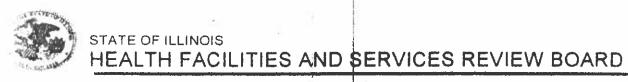


# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

racility i	Name: Westlake Hospital, Melrose Park, Illinois
Project N	Number: E-004-19
t.	IDENTIFICATION Name (Please Print) JA GROTI - P-Pankh
	City ELK G-POVE State Ill zip 60007
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)
	<u>Employee</u>
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



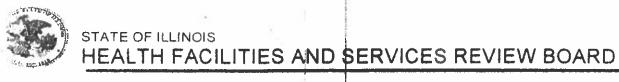
	20			
Projec	t Number: E-004-19			
I.	IDENTIFICATION Name (Please Print) City May 1	sha E	Epting-	McBeath Zip (e0153
lt.	REPRESENTATION (This section is to be fill entity.) Entity, Organization, etc. represent Health Care)			
HI.	POSITION ( <i>Circle appropriate positi</i> Support	oppose	Neutral	



Project Number: E-004-19

# Public Hearing Appearance Only Registration Form

i.	IDENTIFICATION			
	Name (Please Print) AMA 1	anelli		
	City Metrosepark	State _ lL_		Zip <u>WOWO</u>
fi.	REPRESENTATION (This section is to be	e filled if the witness is a	opearing on behalf of a	ny group, organization or ather
	Entity, Organization, etc. represe Health Care)	ented in this appea	irance (i.e., ABC (	Concerned Citizens for
	concerned patient			
		and the same of th		
III.	POSITION (Circle appropriate pos	sition)		
	Support	Oppose	Neutral	



Project	Number: E-004-19		
Ď	IDENTIFICATION  Name (Please Print) JCO {	Entzwnistle	
	City Maywood	State	Zip_ <u>40163</u> .
0.	REPRESENTATION (This section is t	o be filled if the witness is appearin	ng on behalf of any group, organization or other
	Health Care)	esented in this appearance	e (i.e., ABC Concerned Citizens for
	Loncerned patient		
10.	POSITION I Girele annual de la constant de la const		
10.	POSITION (Circle appropriate p	position)	
	Support	( Oppose	Neutral



## Public Hearing Appearance Only Registration Form

ect	Number: E-004-19
	Name (Please Print) Annaice Ramos
	city Chicago state IL Zip 60641
	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   Patient
	POSITION (Circle appropriate position)
	Support Oppose Neutral

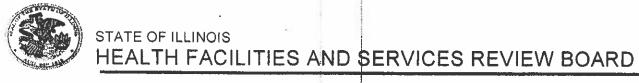


## Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19 **IDENTIFICATION** Name (Please Print) Martin Cabrera city Mellose Park \_\_State\_\_ IL Zip 60160 B. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) CITIZEN Ш. POSITION (Circle appropriate position) Support Oppose Neutral

Project	Number: E-004-19		
ij.	IDENTIFICATION		
	Name (Please Print) RAUI	Monarrez	
	city Melrose park	State	Zip <u>(60140</u>
tt.	REPRESENTATION (This section is t	o be filled if the witness is appeari	ing on behalf of any group, organization or other
	Entity, Organization, etc. repre Health Care)	esented in this appearance	te (i.e., ABC Concerned Citizens for
111.	POSITION (Circle appropriate p	position)	
	Support	Oppose	Neutral



Facility Name:	Westlake	Hospital,	Melrose	Park,	Illinois
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Project Number: E-004-19

1.	IDENTIFICATION
	Name (Please Print) Rafael Monarrez SY.
	City MEITOSE PUIK State IL ZIPLONO
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 Paulient.
	No.
IIIa	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

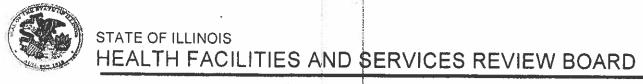
IDENTIFICATION Name (Please Print) AHDONU	DePietro
city Chicago Sta	re <u>Il</u> <u>zip 60656</u>
enthy.)	witness is appearing on behalf of any group, organization or other
Entity, Organization, etc. represented in th Health Care)	is appearance (i.e., ABC Concerned Citizens for
Concerned patien	<del>-</del>
1	
i	
POSITION (Circle appropriate position)	
Support Oppos	e Neutral
	REPRESENTATION (This section is to be filled if the entity.) Entity, Organization, etc. represented in the Health Care)  CONCENSED POTIENT  POSITION (Circle appropriate position)



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form

t.	Name (Please Print) ISAAC Salgado
	city Chicago State IL zip lo0lo34
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)
	Long time Patient
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



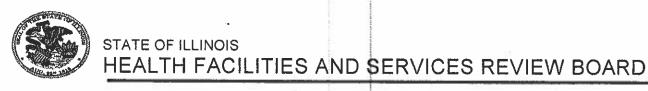
#### Public Hearing Appearance Only Registration Form

Project Number: E-004-19 l. IDENTIFICATION Cruz Ortega Name (Please Print) \_\_\_\_ City Melvose Park State IL Zip 60160 REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Concerned citizen POSITION (Circle appropriate position) III. Support Oppose / Neutral



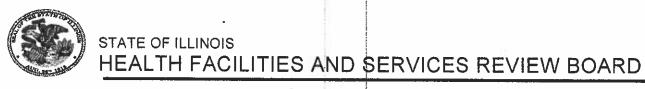
## Public Hearing Appearance Only Registration Form

 Number: E-004-19
Name (Please Print) Sandra Ortega
city Meurose Park state IL zip 60160
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or ot entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Concerned Citizen
POSITION (Circle appropriate position)
Support Oppose Neutral



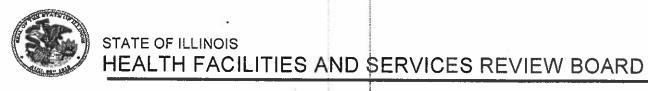
#### Public Hearing Appearance Only Registration Form

Project Number: E-004-19 ١. **IDENTIFICATION** Name (Please Print) Gladys Oxtega City Melrose Park State IL Zip 60760 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 101. POSITION (Circle appropriate position) Support Oppose Neutral



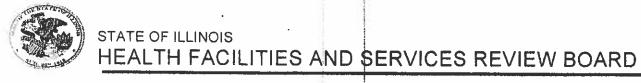
Project Number: E-004-19

IDENTIFICATION Name (Please Print) <u>FÜ</u>	sa Monarrez	
City Melose Par K	State 1L	Zip <u>60160</u>
	ion is to be filled if the witness is appearing o	an behalf of any group, organization or ot
entity.) Entity, Organization, etc.   Health Care)	represented in this appearance (	i.e., ABC Concerned Citizens f
10	sutants ilc pob.	
· · · · · · · · · · · · · · · · · · ·		
POSITION (Circle appropr	iate position)	27

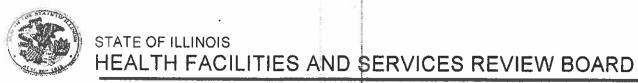


Project Number: E-004-19

Name (Please Print) Lindsey Mentaga
City Meurose Park State IL Zip 60160
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)
Demorest Consultants, LLC- POB
POSITION (Circle appropriate position)
Support Oppose Neutral



Project	Number: E-004-19			
l.	IDENTIFICATION Name (Please Print) GIOrgio Do	umi co		
	City Metrose Park	State _	11-	Zip_UOLUO
И.	REPRESENTATION (This section is to be fi entity.) Entity, Organization, etc. represent			
	Health Care) Concerned Citizen			
				· · · · · · · · · · · · · · · · · · ·
1117	POSITION (Circle appropriate posit	ionl		
		1011)		
	Support	Oppose	N	eutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

ł.	IDENTIFICATION		
	Name (Please Print) Stuadal	upe Dournico	
	city Metrose Park	State <u>    L</u>	Zip_( 00)(40
II.	REPRESENTATION (This section is to be entity.)	be filled if the witness is ap	pearing on behalf of any group, organization or other
	Entity, Organization, etc. represe Health Care)	ented in this appea	rance (i.e., ABC Concerned Citizens for
	concerned citizen.		
	.,		
			9.1
		and the state of t	
III.,q	POSITION (Circle appropriate po	sition)	
	Support	Oppose	Neutral



#### Public Hearing Appearance Only Registration Form

oject	Number: E-004-19
L	Name (Please Print) Ruth Romero
	city Chicago State IL zip 60034
П.	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 Patient
Ш	POSITION (Circle appropriate position)
	Support Oppose Neutral

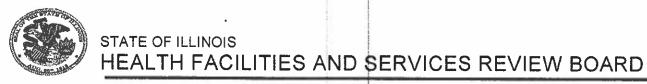


#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois Project Number: E-004-19 l. 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) POSITION (Circle appropriate position) III. Support Oppose Neutral

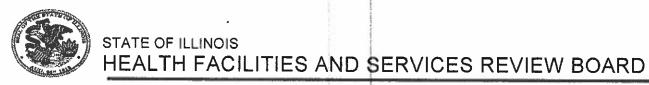


Project N	Number: E-004-19
t.	IDENTIFICATION Name (Please Print)  City  State  Zip  MSY  Zip
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Concerned Officen
ЛІ.	POSITION (Circle appropriate position)  Support  Oppose  Neutral



Project	Number:	E-004-19

l.	Name (Please Print) Nicholas G. Recchia Ms
	city MelRose park state Illinois zip 60/60
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)
	Demokest Consultants, LIC
	C/o (vertlake Hospidal
	professional Bullding
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

I.	IDENTIFICATION Name (Please Print) Elizat	beth Romero	
	City Chicago	State <u>TI</u>	zip <u>Le 0634</u>
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represented the Health Care)		
	Demorest Consulta	ants, LLC (West	lake Professional Blog.
<b>101.</b>	POSITION (Circle appropriate pa	osition)	g
	Support	Oppose	Neutral



#### Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19
t.	IDENTIFICATION Name (Please Print) Jaidle Garaa City Hander Pastate 12 zip 60133
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)
Ш.	POSITION (Circle appropriate position)  Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

oject r	Number: E-004-19
l.	Name (Please Print) S. David Demorest H.O.
	City Bloomingdale State IL Zip 60108
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)
	Family Physician Westlake Professional
	Bruilding (Demorest Consultants, LLC.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

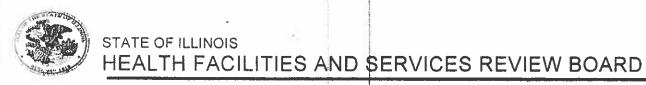
Facility Name: Westlake Hospital, Melrose Park, Illinois

I. IDENTIFICATION Name (Please Print) WHChell Company of the City Holls State Zip Gold I

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)

ON COMPANY OF THE PROPERTY OF THE PRO



Project	Number: E-004-19
l.	Name (Please Print) ROSCI TOWES
	city Hanover PK State 11 zip 60133
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)
	Concerned Othizen
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Project Number: E-004-19

I. IDENTIFICATION TOUR State Zip 10 133

Facility Name: Westlake Hospital, Melrose Park, Illinois

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)

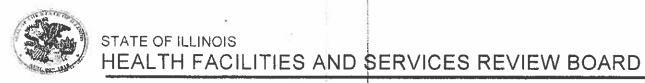
Concerned Pt. +P.O.B}

III. POSITION (Circle appropriate position)

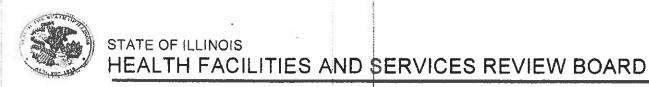
Support

Oppose

Neutral



-,	Number: E-004-19
t.	Name (Please Print) ROSCHNO DILL
	city Handver Pl State 1 Zip 60133
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)
	Demorest Consultants
	≠P. O. B}
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

Support

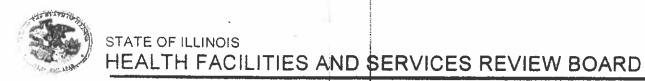
#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

IDENTIFICATION		
Name (Please Print) GCACIC	L Veua Monarrez	
city Metrose Park	State IL	Zip <u>(//O</u> \(//
REPRESENTATION (This section is to entity.)	be filled if the witness is appearing on	behalf of any group, organization
Entity, Organization, etc. repre Health Care)	sented in this appearance (i.	e., ABC Concerned Citizer
concern atiun		
POSITION (Circle appropriate p	osition	

Oppose

Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

IDENTIFICATION	DN .			
Name (Please	Print) Rafael	Monarre	2 Jr.	
		Ħ		
city chicac	]0	State	<u> </u>	Zip (10031
REPRESENTAT	ION (This section is to be	filled if the witness	is appearing on behalf of	any group, organization or othe
Entity, Organia Health Care)	zation, etc. represe	nted in this ap	pearance (i.e., ABC	Concerned Citizens for
concern	red citizen.			
		Ť.		
		- Table		
POSITION (Circ	cle appropriate pos	ition)		
Support		Oppose	Neutra	al



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

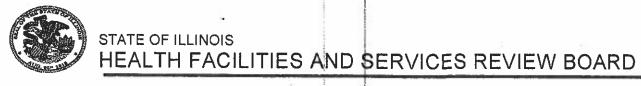
Project N	lumber: E-004-19		2			
1.	IDENTIFICATION Name (Please Print)	aly	se	Moral	es	
	city Chicago	Sta	e	D	Zip_	61554
<b>II.</b>	REPRESENTATION (This section is to be fill entity.)					19
	Entity, Organization, etc. represent Health Care)	ed in th	is appea	rance (i.e., A	BC Concerne	ed Citizens for
	Westlake		E.		,	
					<del></del>	2
III.	POSITION (Circle appropriate positi	ion)				
	Support (	Oppos	e	Nei	utral	



## STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility N	lame: Westlake Hospital, Melrose Park, Illinois
Project N	lumber: E-004-19
I.	Name (Please Print) FIORENTINO, DAVILA
	City Ciced State II. Zip 60804
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



Facility Name: Westlake Hospital, Melrose Park, Illinois

#### Public Hearing Appearance Only Registration Form

Project N	Number: E-004-19
l.	Name (Please Print) ANThONY, DAVICA
	City CERO State II Zip 6080
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

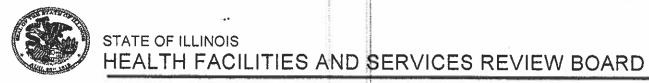


#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19
ſ.	Name (Please Print) Marsha Rubio
	city Cicero State IL zip 60804
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)  Westake! She is an  RMA. Same Westake!
	RMA. Some Weeflake!
đ	
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form

I.	Name (Please Print) Avera Lech
	city Melyose Park state Illinois zip 60160
tI.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
72	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  EMPloyee  OF  POB
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral

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

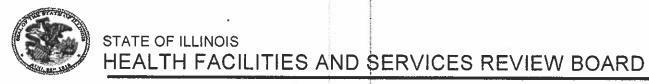


#### Public Hearing Appearance Only Registration Form

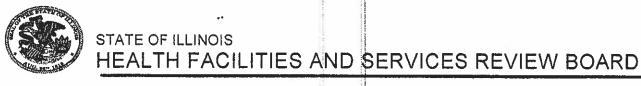
Facility Name: Westlake Hospital, Melrose Park, Illinois

	The second secon	** N	
Neutral	Oppose	Support	
	oriate position)	POSITION (Circle approp	.111
	1000		
oyee	rdw2 90	Health Care)	
in the Grand of any group, organization of orner for any organization of the content of the cont		entity.) Crganization, etc.	<u>u</u>
diZ aring on behalf of any group, arganization or other	91612 91 61 21 and 12	City City City (This see	.1)
Chime	) up ilos	IDENTIFICATION Name (Please Print)	·I
		: Number: E-004-19	

3/11/16



Project Number: E-004-19		
I.	Name (Please Print) 1855.ca Rueda	
	city Elmwood Park State 11 zip 6080	
ŧI.	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)	
e Mi.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Facility Name: Westlake Hospital, Melrose Park, Illinois

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) Proceed Control Printiple Control Printipe Control Pr



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION
Name (Plegse Print)
City ELROSE PARK State Allinois Zip (ADICA)

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)

EMPLOYE

POSITION (Circle appropriate position)
Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Support

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

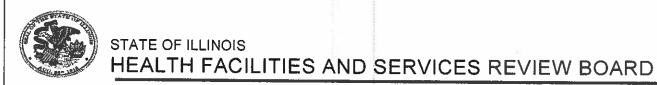
City Chica State I Zip 60707

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)

Oppose

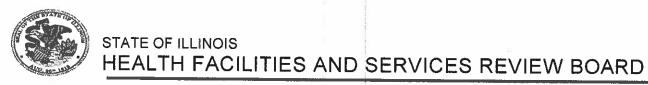
Neutral



**Project Number: E-004-19** 

#### Public Hearing Appearance Only Registration Form

l.	IDENTIFICATION Name (Please Print) 12018 Kovach
	City Eluwoool Pork State TL Zip 6070 7
<b>II</b> .	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)
	Employe
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-004-19

#### Public Hearing Appearance Only Registration Form

IDENTIFICATION Name (Please Print) ORACIA MONAYVEZ  City Melvose MC State IL Zip 60/1
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)
POSITION (Circle appropriate position)
Support Oppose Neutral

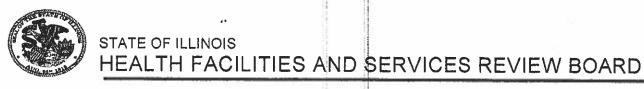


# HEALTH FACILITIES AND SERVICES REVIEW BOARD Public Hearing Appearance Only Registration Form

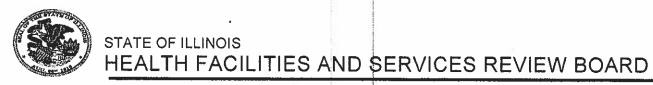
Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

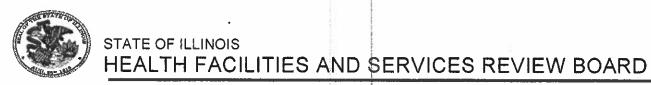
I.	IDENTIFICATION /// / A
	Name (Please Print) AAAC //ONAVYE)
	City Melvose PK State IL Zip 60160
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Ker den
(III,	POSITION (Circle appropriate position)
	Support Oppose Neutral



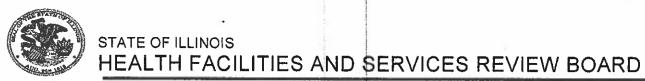
Facility	Name: Westlake Hospital, Melrose Park, Illinois
Project	Number: E-004-19
1,	Name (Please Print) Sow A Warth
	City Maywood State ILL Zip 6015=
<b>11.</b>	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Patient
ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



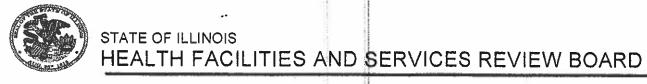
Project N	Number: E-004-19
l.	Name (Please Print) SARA GENNE!
	City ME/ROSE MARKState IL Zip 60160
<del>I</del> I.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Resident
	Employee
III,	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project I	Number: E-004-19
I.	Name (Please Print)  City Welcose PAUstate I Zip 60/6
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)
ıllı.	POSITION (Circle appropriate position)  Support Oppose Neutral



Project N	Number: E-004-19
I.	Name (Please Print) MILLIE Jane (
	City ME/Rose MARGET TL zip 6016
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 (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

#### Public Hearing Appearance Only Registration Form

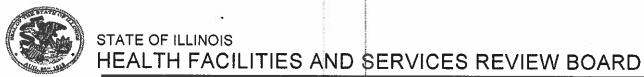
Project N	lumber: E-004-19
I.	IDENTIFICATION Name (Please Print) YOVES PIERRE JEWNE / City 1828 N20-ME/ROSE State Zip 6016C
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
<b>38</b>	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	EMPloyee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	umber: E-004-19	
1.	Name (Please Print) Helen Burrell	
	city Broadulew State Illinois zip 60155	>
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or ot entity.)	her
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)	or
	Family of Employee + Resident	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Facility I	Facility Name: Westlake Hospital, Melrose Park, Illinois	
Project	Number: E-004-19	
l.	Name (Please Print) Sadie Burrell	
	city Broadulew State Illinois zip 66155	
If.	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 + Family of Employee	
	POSITION (C)	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION And the Analysis of the Print And the Analysis of the An



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I. IDENTIFICATION WILL Well Your State III William Sta



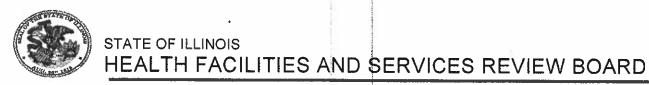
Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

t.	Name (Please Print) Konneth Hoskins
	city Maywood state Illinois zip 60153
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)
	Family of Employee + Resident
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: E-004-19
l.	Name (Please Print) AWNetta Magho  City Broadview State T1 zip 60155
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



Facility Name: Westlake Hospital, Melrose Park, Illinois

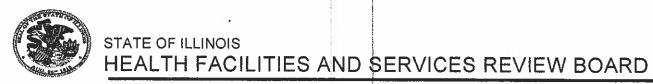
Project Number: E-004-19

l.	Name (Please Print) Lola Delos Reyes
	city Melrose Park State Alinois zip 60160
II.	REPRESENTATION (This section is to be filled if the witness is appearing an behalf of any group, organization or other entity.)  Entity, Organization, etc., represented in this appearance (i.e., ARC Concerned Citizens for
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Employee + Resident
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral

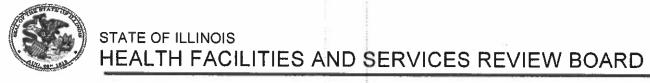


Project Num	ber: E-004-19
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city Bellwood	StateZip_(	0016
	n is to be filled if the witness is appearing on behalf of any group, orgo	ıniz <b>at</b> ion or
entity.) Entity, Organization, etc. re	epresented in this appearance (i.e., ABC Concerned	Citizans
Health Care)	presented in this appearance (ne., Abe concerned	Citizeris
Employee.and	d nearly Resident	
POSITION (Circle appropria	ate position)	
POSITION ( <i>Circle appropria</i> Support	ate position)	



	Tarky minors
Project I	Number: E-004-19
l.	Name (Please Print) Ruben de Tesus Rodrigues  City Melvose PK state IL zip 60160
П.	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 (Circle appropriate position)  Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) P. (IARDO R. Montoug

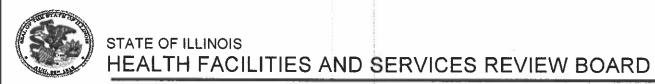
City M. P. State I L. Zip 60/67

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)

POSITION (Circle appropriate position)

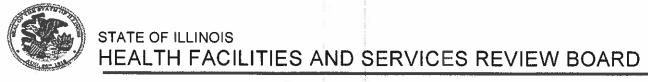
Support Oppose Neutral



Project Number: F-004-19

#### Public Hearing Appearance Only Registration Form

Name (Please Print) Leslie E. Montoy9
City Melvose PK State IL Zip 6016
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)
Rox 1 dent
POSITION (Circle appropriate position)
Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

#### Public Hearing Appearance Only Registration Form

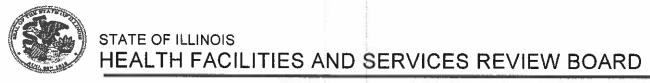
I. IDENTIFICATION
Name (Please Print)

City Mely OSE PIC State I L zip 60/60

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)

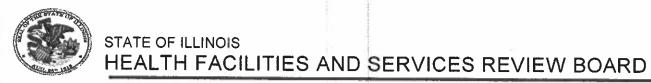
Pess ( deep for the proprietable position)

Support Oppose Neutral



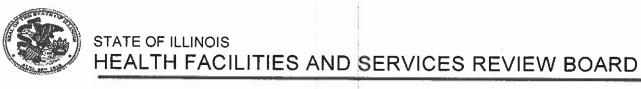
Project Number: E-004-19

l.	Name (Please Print) Robert Rodriguez  City M PARK State IL zip 60	 16(
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization of entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizen Health Care)	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	

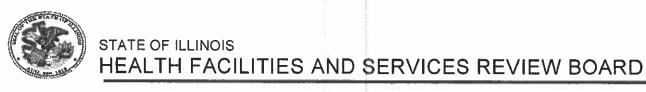


# Public Hearing Appearance Only Registration Form

1.	Name (Please Print) MARUA JEZ
	city blooming dastate II. zip 601
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)
	P3 (
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



ojeci	. Number: E-004-19
I.	Name (Please Print) 26 GN IEW JEL  City BLOOM negolosise I Zip Golos
lf.	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

I. IDENTIFICATION
Name (Please Print)

City

P. State

Tip

City

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)

POSITION (Circle appropriate position)

Support

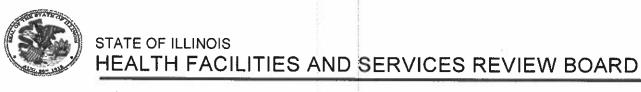
Oppose

Neutral



# Public Hearing Appearance Only Registration Form

IDENTIFICA Name ( <i>Ple</i> i	/ / / ^	du GEO	Raiades		
City (	ington Ho	5 State _	Th	Zip	40004
REPRESEN	TATION (This section	is to be filled if the witness	is appearing on behalf	of any group, org	ganization or other
	1	presented in this ap	pearance (i.e., Al	BC Concerne	d Citizens for
		D I			
<del></del>		014			
POSITION	(Circle appropriat	e position)		il.	
Suppo	rt	Oppose	/ Neu	ıtral	

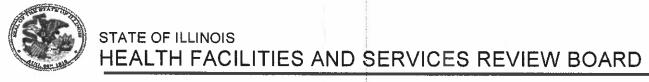


#### Public Hearing Appearance Only Registration Form

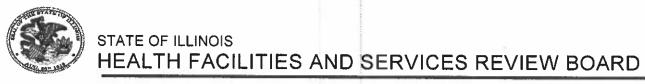
I. IDENTIFICATION
Name (Please Print)
City Melson Pack State Ir Zip Jolion

(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



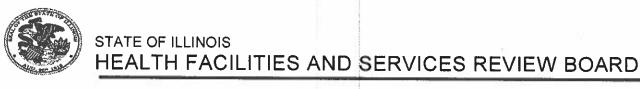
Project N	lumber: E-004-19
I.	Name (Please Print) ORRAINE SCIORTIND
	City Melrone Park State II loo160 to 21p for COH
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)  All Concerned Citizens for Health Care)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

**Project Number: E-004-19** 

t.	Name (Please Print) Annette Rivera
	city Stone Park state 7/1/nois zip 60/65
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)  This hospital give guality
	not quantity a very good hospital
III.	POSITION (Circle appropriate position)  Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

III. POSITION (Circle appropriate position)

Support

Project Number: E-004-19

Oppose

Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

I.	Name (Please Print) SHIRLEX AMUELLER
	City RIVER FOREST State ILL Zip 60305
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)
	Panent.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

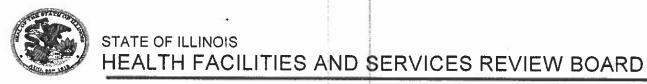
I. IDENTIFICATION
Name (Please Print)

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)

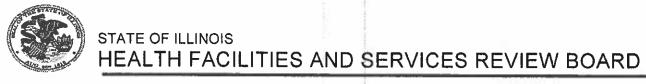
Employee

Employee

Neutral



Project N	Number: E-004-19
1.	Name (Please Print) Trowe Amos
	City Melrose State II. zip 60160
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)
	Bmploxee
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) Terri Pear K State II Zip (DN Lea)

City Melrose Park State II Zip (DN Lea)

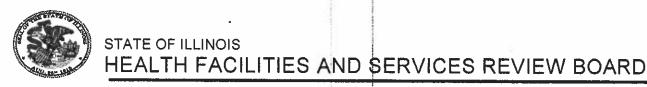
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

Employee Westlake Hospital

III. POSITION (Circle appropriate position)

Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

II. IDENTIFICATION ROSCHUA RIVER

City Reverse Par In State Zip COLOO

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

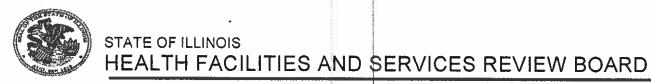
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

MOLOWC

III. POSITION (Circle appropriate position)

Support

Oppose Neutral



jeci	Number: E-004-19	- Live			
l.	IDENTIFICATION Name (Please Print)	en JN	ontie 1		
	City C1000	State _	EL	Zip_60 *	804
II.	REPRESENTATION (This section is to a	be filled if the witne	ss is appearing on behalf	of any group, organization o	r other
	Entity, Organization, etc. repres Health Care)	ented in this a	ppearance (i.e., Al	3C Concerned Citizen	s for
		Orași de la companii			
		an order particular and a second particular and a seco			
II.	POSITION (Circle appropriate po	osition)			
	Support	Oppose	Neu	tral	



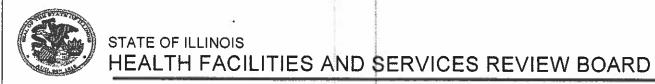
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Project N	Number: E-004-19
l.	Name (Please Print) Muleutyan Oyesiku
	city Elmhurst state IL zip 6012 L
И.	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

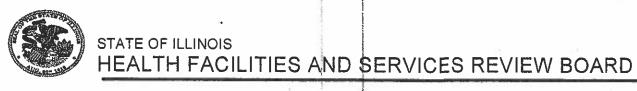


oject i	Number: E-004-19
l.	Name (Please Print) Tyshema Young (Employee)
	City Permy State Zip
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

-	
l.	Name (Please Print) Jessim Wy
	City Mel State 1 Zip Leus:
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)
	employee of POB
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



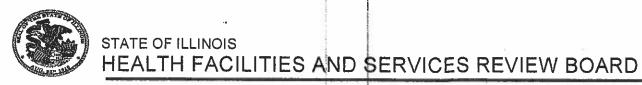
Project N	lumber: E-004-19		65			
ί,	Name (Please Print) Man Cal	<i>1</i> 010			122	
	City Cicero	Sta	e	14		Zip_60804
II.	REPRESENTATION (This section is to be fill entity.)					30 39
	Entity, Organization, etc. represent Health Care)  My Chughter Works					
	Hospital (POB) Shu					
	(5)			<del></del>		III
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ii.	POSITION (Circle appropriate positi	ion)				85
	Support	Oppos	e		Neutra	ıl



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

IDENTIFIC Name ( <i>Pic</i>		SteA	ea,	JUAN	UTA		
City	A G	auge	State _	I	·	Zip	6052
REPRESEI entity.)	NTATION (Th	ils section is to be fil	led if the with	ess is appearing o	n behalf of any o	group, orga	nization or other
Entity, Or Health Ca		etc. represent	ed in this a	appearance (	i.e., ABC Co	ncerned	Citizens for
					<u> </u>		
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POSITION	N (Circle app	propriate positi	ion)			8	
Supp	ort	(	Oppose		Neutral		

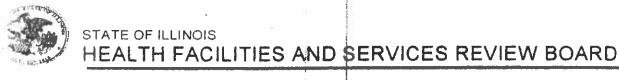


ojeci	Number: E-004-19		83		
l.	IDENTIFICATION Name (Please Print) 51)U1	9	Jent	NA	
	city Chicago	State	2	<del></del>	.Zip. <u>606/2</u>
II.	REPRESENTATION (This section is to be fill entity.)	ed if the wit	ness is appearing	on behalf of any g	roup, organization or other
	Entity, Organization, etc. represente Health Care)	ed in this	appearance	(i.e., ABC Cor	cerned Citizens for
	Westlake				
					19 00
III.	POSITION (Circle appropriate positi	onl			
	Tootton (entire appropriate positi	1	7		
	Support	Oppose		Neutral	



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility N	ame: Westlake Hospital, Melrose Park, Illinois
Project N	umber: E-004-19
1.	Name (Please Print) William H. Peoples
	city Donkers Grave state 17 zip 605/6
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



#### Public Hearing Appearance Only Registration Form

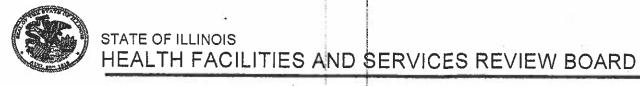
Project Number: E-004-19 1. **IDENTIFICATION** Name (Please Print) JOSE MONDERCEZ City Maywood State \_ I\_\_\_ Zip\_100153. H. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) concerned patient III. POSITION (Circle appropriate position) Support Oppose Neutral



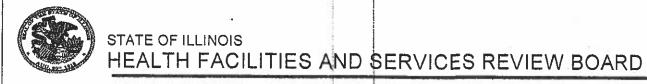
### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Project N	lumber: E-004-19
1.	Name (Please Print) Sereny Walker
	city Melvose park state II zip 60160
{1.	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



oject	Number: E-004-19	
ī.	IDENTIFICATION Name (Please Print) Laurena Doude	ll
	city Metrose park state I	Zip
11.	REPRESENTATION (This section is to be filled if the witness is appearing entity.)	g on behalf of any group, organization or other
	Entity, Organization, etc. represented in this appearance Health Care) Concerned City Zen	e (i.e., ABC Concerned Citizens for
		35
		7
III.	POSITION (Circle appropriate position)	55
	Support Oppose	Neutral



# Public Hearing Appearance Only Registration Form

		2.5	
I.	IDENTIFICATION		
		1	
	Name (Please Print)	1	
	City	Stat	eZip
II.	REPRESENTATION (This section is to be fill entity.)	ed if the w	vitness is appearing on behalf of any group, organization or other
	Entity, Organization, etc. represente Health Care)	ed in th	is appearance (i.e., ABC Concerned Citizens for
	man (c) professional control of the		
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	To the state of th		
III,	POSITION (Circle appropriate positi	on)	W.
	Support	Oppos	e Neutral



#### STATE OF ILLINOIS

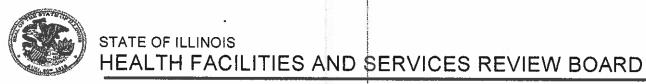
# HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility	Name: Westlake Hospital, Melrose Park, Illinois	
Project	Number: E-004-19	
I.	Name (Please Print) Regina Patton	6
	city Naperville state IL zip 605	6
li.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or otherity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)	50
	Employee	
111.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



#### Public Hearing Appearance Only Registration Form

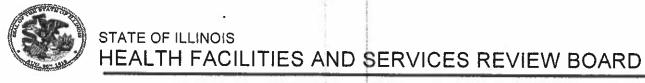
Facility Name: Westlake Hospital, Melrose Park, Illinois

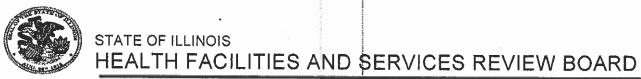


Facility Name: Westlake Hospital, Melrose Park, Illinois

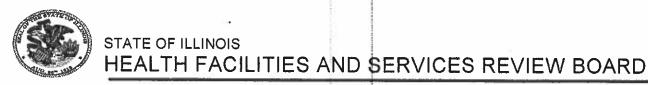
Project Number: E-004-19

l.	IDENTIFICATION
	Name (Please Print) - FUIC SPARCENIAS
	City Nonthlake State 12 zip 60164
II,	REPRESENTATION (This section is to be filled if the witness is appearing an behalf of any group, organization or other
	entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Mental health Cangelon for behavioured
	health. I Am disappented about the
	hes being teld by our byens. We
	were Aromised more amountanities and get
	we got the gyper. Let.
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral





racility i	vaine: westiake nospital, Meirose Park, Illinois
Project N	Number: E-004-19
t,	Name (Please Print) ENG Child
	City Dak Park State 12 zip 60302
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)
	Employee
e 10.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

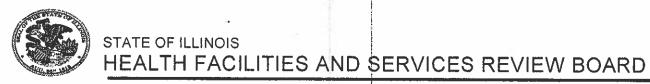
II. IDENTIFICATION
Name (Please Print)

City Chicago State IL Zip 60653

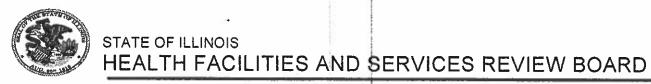
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

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

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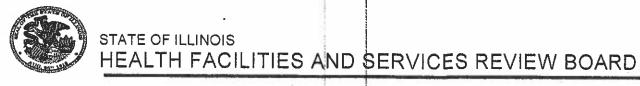


Project	Number: E-004-19
l.	Name (Please Print) Events Stephens
	City Chicago Ridge State I Zip 60415
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Employee
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral

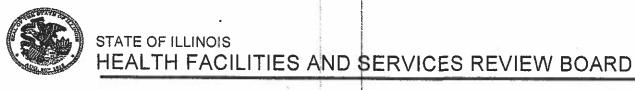


#### Public Hearing Appearance Only Registration Form

REPRESENTATION (This section is to entity.) Entity, Organization, etc. represented the Care)	Sta o be filled if the esented in the	witness is d	appearing on	.e., ABC C	y group, or	
REPRESENTATION (This section is to entity.) Entity, Organization, etc. repre	Sta o be filled if the esented in the	witness is d	appearing on	.e., ABC C	y group, or	ganization or
entity.) Entity, Organization, etc. repre	sented in th	nis appe	earance (i.	.e., ABC C		
Entity, Organization, etc. repre		1			oncerne	ed Citizens
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POSITION (Circle appropriate p	oosition)					
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Support	Oppo	se		Neutral		



			7. 2		
Facility	Name: Westlake Hospital	, Melrose Par	k, Illinois		
Project	Number: E-004-19				
1.	IDENTIFICATION Name (Please Print)	CLAUDI	INE R	oy	16
	City CHICAGO	State	IL	_zip_60643	,
II.	REPRESENTATION (This section is to entity.)	1.00			
	Entity, Organization, etc. repres Health Care)	ented in this app	earance (i.e., ABC	Concerned Citizens for	
		Manager (Manager)			
				Y	
	3.				
		Lar e principale p an equ			
III.	POSITION (Circle appropriate po	osition)		10	
	Support	Oppose	Neutr	al	



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

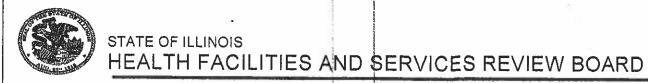
City CHICAGO State IL Zip 6659

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 CITZEN

III. POSITION (Circle appropriate position)

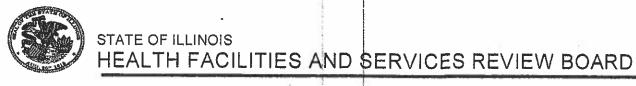
Support Oppose Neutral



Facility Name: Westlake Hospital, Melrose Park, Illinois

Project Number: E-004-19

•	Name (Please Print)	SAM	Wils	son	3.5
	City ARVEY	State	IL	Zip_	60426
l.	REPRESENTATION (This section is t	o be filled if the with	ness is appearing on	behalf of any group, or	ganization or other
	Entity, Organization, etc. repre Health Care)	esented in this			ed Citizens for
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				·	1.
	8				
	DOSITION (Circle Transmitter)				
•	POSITION (Circle appropriate	position)	3		
	Support	Oppose		Neutral	



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City MARKHAM State I Zip 60 428

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)

OPACERNED CITIZEN

III. POSITION (Circle appropriate position)
Support Oppose Neutral



# HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: Westlake Hospital, Melrose Park, Illinois

**Project Number: E-004-19** 

1,	Name (Please Print) JOHN ATKINS
	City NIVERDALE State IL Zip 60827
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)
	EMPLOYEE
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility I	Name: Westlake Hospital, N	/lelrose	Park, Illino	ois		
Project I	Number: E-004-19					
l,	IDENTIFICATION Name (Please Print)	ım	Herr	adez		E.
	city Bellwood	- State	I	z	ip 601	24
11.	REPRESENTATION (This section is to be fi entity.) Entity, Organization, etc. represent Health Care)					24
	1) 6		1014		TENT	
e III.	POSITION (Circle appropriate posit	tion)				
	Support	Oppose		Neutral		