

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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city Effinging	naState	エレ	Zip624
Signature	om		
REPRESENTATION (This sec	tion is to be filled if the witness is	appearing on behalf of a	ny group, organization o
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Entity, Organization, etc.	represented in this appe	arance (i.e., ABC	Concerned Citizen
Health Care)			
POSITION (Circle appropr	riate position)		
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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other ntity.)
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F	POSITION (Circle appropriate position)
	Support Oppose Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

II. POSITION (Circle appropriate position)

Support Oppose Neutral



Project Number: #20-030

Support

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

II. IDENTIFICATION Name SAFP

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

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Oppose

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Project Number: #20-030

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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Neutral



Project Number: #20-030

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

II. IDENTIFICATION
Name Land Esker

City Charleston State Zip La 1920

Signature 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)

Of Sarah Bush CEO

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project Number: #20-030

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

II. POSITION (Circle appropriate position)

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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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

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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City Trilla	State 34	Zip 62469
Signature	<u> </u>	
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Entity, Organization, etc.	epresented in this appearance (i	i.e., ABC Concerned Citizens fo
Health Care)		
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Project Number: #20-030

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

	Name Nathan Elti-
	City Charleston State IL Zip 61920 Signature
	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	McCarthy - General Contractor for SBL
l.	POSITION (Circle appropriate position)
	Support Oppose Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

Please Print

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

Name Eric Hoffma		
city Mt. Vernon	State <u> </u>	zip_629
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POSITION (Circle appropriate p	osition)	



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	Building, Effingham

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REPRESENTATION (Circle appropriate position)

Oppose

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Facility Name:	Sarah Bush Lincoln Health Center Effingham Medical Office
	Building, Effingham

II. POSITION (Circle appropriate position)

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Registration Form

Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office **Building, Effingham**

1. **IDENTIFICATION** Name Stacia Goings

City Effingham State IC Zip 62401 11. 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) SUPPORT POSITION (Circle appropriate position) III. Support

Oppose

Neutral



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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

II. REPRESENTATION (This section is to be filled if the witness is appearing 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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POSITION (Circle appropriate position)

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Oppose

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Project Number: #20-030

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

II. IDENTIFICATION
Name BRAD BEESCE 7

City FFINGHAM State FL Zip 6240/
Signature Signature Signature State FL Zip 6240/
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Project Number: #20-030

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office **Building, Effingham**

IDENTIFICATION ____State _____State_____ 11. 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) Oppose

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

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City Sullivan	State	Zip (e195)
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- 100	c. represented in this appearance	i.e ABC Concerned Citizen
Health Care) Sarah Aug		
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STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

II. POSITION (Circle appropriate position)

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

IDENTIFICATION
Name Sara Beners
-00 1
City Fifingham State IL zip 62401
Signature
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other
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Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
Health Care)
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POSITION (Circle appropriate position)
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Support Oppose Neutral
Support Oppose Neutral



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Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens Health Care)			
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POSITION (Circle appro	priate position)		
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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Facility Name: Sarah Bush Lincoln Health Center Effingham Medical Office Building, Effingham

l.	Name John Detec			
	City Effingham State I Zip 6349 Signature Josh Celew			
II.	REPRESENTATION (This section is to be filled if the witness is appearing 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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	Support Oppose Neutral			



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III. POSITION (Circle appropriate position)

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Oppose

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