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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17- 036

I. IDENTIFICATION

Name (Please Print) DR. BRIAN SAGER, MAYOR

City WOODSTOCK State ILLINOIS Zip 60098

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

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

CITY OF WOODSTOCK

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17- 036

I. IDENTIFICATION

Name (Please Print) DAN LAWLER

City CHICAGO State IL Zip ~~60642~~
60606

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

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

Barnes & Thornburg

III. POSITION (please circle appropriate position)

Support Oppose Neutral

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17- 036

I. IDENTIFICATION

Name (Please Print) Robert Wilbrandt

City Woodstock State IL Zip 60098

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

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

~~Representing self as back up specialty courts judge for McHenry County~~

III. POSITION (please circle appropriate position)

Support Oppose Neutral
SUPPORT ESTABLISHMENT OF DETOX AND INPATIENT REHAB PROGRAMS FOR MCHENRY COUNTY

IV. Testimony (please circle)

Oral Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Woodstock

Project Number: 17- 036

I. IDENTIFICATION
Name *(Please Print)* Dr. Brian Sager, Mayor of Woodstock
City Woodstock State Illinois Zip 60098

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

City of Woodstock

III. POSITION *(please circle appropriate position)*

Support

Oppose

Neutral

IV. Testimony *(please circle)*

Oral

Written