1

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17- 037

I. IDENTIFICATION
Name (*Please Print*) DAN LAWLER

City Chicago State IL Zip 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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17- 037

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

10/2/17

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – Huntley

Project Number: 17- 037

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

10/2/17