



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

2

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

I. IDENTIFICATION
 Name (Please Print) Paul Lockwood
 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)

III. POSITION (please circle appropriate position)
 Support Oppose Neutral

IV. Testimony (please circle)
Oral Written



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

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



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Public Hearing Testimony Registration Form

Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

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)

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written