



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Archie Philip Burton

Address 17935 Oak Park Ave

City Tinley Park State IL Zip 60477

Signature 

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)

National Association of Health Service Executives
(NAHSE) Midwest Chapter

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) BILL W. Douglas

Address 350 N. WALL ST.

City KANKAKEE State IL Zip 60901

Signature Bill W. Douglas

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Scott O'Brien

Address 13 S. Walnut St

City Manteno State IL. Zip 60950

Signature [Handwritten Signature]

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)

Manteno Common Fire Prot. Dist
for Riverside Medical Center

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Maria Kuchner

Address 502 Wisconsin Road

City New Lenox State IL Zip 60451

Signature [Handwritten Signature]

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print)

PATRICK M' MAHON

Address

11677 Flagstone turn

City

Frankfort State IL Zip 6042

Signature

[Handwritten Signature]

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) David Friedler

Address 22405 Aster Dr.

City Frankfort State IL Zip 60423

Signature David Friedler

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Bob Tuohy

Address 22539 AUTUMN DR

City FRANKFORT State IL Zip 60423

Signature Robert Tuohy

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION
 Name (Please Print) Donald Powell
 Address 11071 Venezia Dr.
 City FRANKFORT State IL Zip 60423
 Signature Donald Powell

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)
Vistana of Frankfort Homeowners Association

III. POSITION (Circle appropriate position)
 Support **Oppose** Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print)

Nicole Pacini

Address

23047 Firenze DR

City

Frankfort

State

IL

Zip

60423

Signature

Nicole Pacini

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



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) MICHAEL DAVID

Address 11083 SIENA DR.

City FRANKFORT State IL Zip 60423

Signature Michael David

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Charles Reaschman

Address 23034 Toscana Dr.

City Frankfort State Ill Zip 60423

Signature Charles Reaschman

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)

Visitors Homecoming

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Sarah Lacey Carl

Address 11086 Venezia DR

City Frankfort State IL Zip 60423

Signature Sarah L Carl

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Stephen Malcolm

Address 23636 Firenze Dr

City Frankfort State IL Zip 60423

Signature [Handwritten Signature]

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Debra M. Stengle

Address 23084 Firenze Dr.

City Frankfort State IL Zip 60423

Signature Debra M. Stengle

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Marsha Flesch

Address 22419 Crimson Ln

City Frankfort State IL Zip 60423

Signature Marsha Flesch

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)

Frankfort Resident

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Gloria Whalen

Address 23000 Firenze Drive

City Frankfort State IL Zip 60423

Signature Gloria Whalen

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION
Name (Please Print) KEN STENZLE
Address 23084 FIRENZE DRIVE
City FRANKFORT State IL Zip 60423
Signature [Handwritten Signature]

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Andrei Newhaus

Address 11195 Siena Dr

City Frankfort State IL Zip 60423

Signature 

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, would destroy
quality of life and property values.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Appearance

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Nicole Roldan

Address 11035 Suna Dr

City Frankfort State IL Zip 60423

Signature Nicole Roldan

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

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing ~~Testimony Registration Form~~

Facility Name: Riverside Medical Center - Frankfort

Att. ONLY

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) GAIL ADAMO

Address 22532 AUTUMN DR.

City FRANKFORT State IL Zip 60423

Signature Gail Adamo

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

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing ~~Testimony~~ Registration Form

Facility Name: Riverside Medical Center - Frankfort

Att. ONLY

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) MIKE MARY

Address 21407 Emma Lane

City Frankfort State IL Zip 60123

Signature *[Handwritten Signature]*

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

IV. Testimony (please circle)

~~Oral Written~~



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

Attendee

I. IDENTIFICATION

Name (Please Print) BEVERLY CHRISTENSEN

Address 9504 W MANHATTAN-MONEE RD

City FRANKFORT State IL Zip 60423

Signature Beverly Christensen

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

IV. Testimony (please circle)

~~Oral Written~~



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony Registration Form

Facility Name: Riverside Medical Center - Frankfort

Attendee

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Marsha Collins

Address 147 S Walnut

City Marion State IL Zip 60950

Signature Marsha Collins

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

IV. Testimony (please circle)

~~Oral~~

~~Written~~



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

ATTENDANCE ONLY

Public Hearing Testimony Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) DAN LAWLER

Address BARNES & THORN BURG LLP, 1 N. WACKER

City CHICAGO State IL Zip 60606

Signature Dan Lawler

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)

RIVERSIDE MEDICAL CENTER

III. POSITION (please circle appropriate position)

Support

Oppose

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Testimony ~~Registration~~ Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Arun Jagannathan

Address 942 S. Baknot Cir

City Frankfort State IL Zip 60923

Signature [Handwritten Signature]

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

IV. ~~Testimony~~ (please circle)

~~Oral Written~~



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Richard McLaughlin

Address 10503 Owen Drive

City Orland Park State IL Zip 60467

Signature Richard McLaughlin

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Jean McLaughlin

Address 8520 W 143rd Pl

City Orland Park State IL Zip 60462

Signature Jean McLaughlin

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print)

Patricia McLaughlin

Address

10503 Owen Drive

City

Orland Park

State

IL

Zip

60467

Signature

Patricia McLaughlin

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

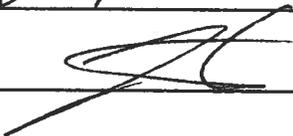
Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Justin Caldwell

Address 335 S Grand

City Bradly State IL Zip 60715

Signature 

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print)

Kenneth R Dowd Jr

Address

1643 Hunters Run

City

Bourbonnais

State

IL

Zip

60914

Signature

Kenneth R Dowd Jr

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)

Riverside Medl Center

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Kathy Brais
Address ~~#3~~ 1153 Bittersweet Dr.
City St. Anne State IL Zip 60964
Signature Kathy Brais

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)

Riverside Medical Center

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print)

Jean Richmond

Address

1333 N. Erickson Drive

City

Kankakee

State

IL

Zip

60804

Signature

Jean Richmond

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)

Riverside Medical Center

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Katelyn Daly

Address 497 Willow Rd

City Manteno State IL Zip 60958

Signature Katelyn Daly

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)

Riverside Medical Center

Public Citizen

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) TOM FAJMAN

Address 26765 Kimberly Ln

City Channahon State IL Zip 60410

Signature Tom Fajman

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)

Riverside Medical Center + public citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Sean Daubert

Address 10759 Nebraska

City Frankfort State IL Zip 60423

Signature [Handwritten Signature]

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print)

Heather Danba

Address

10759 Nebraska

City

Frankfort

State

IL

Zip

60423

Signature

Heather Danba

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) Rebecca Schitz

Address 1543 Caddie Dr

City Bourbonnais State IL Zip 60914

Signature [Handwritten Signature]

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)

Riverside Medical Center

private citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) John Jurica, M.D.

Address 325 Rock Creek Dr.

City Manteno State IL Zip 60950

Signature John Jurica

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 my behalf as resident of Manteno, IL

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) MARK PIGUSCH

Address 1130 SIENA DR

City FRANKFORT State IL Zip 60423

Signature [Handwritten Signature]

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print)

Kristin Murphy

Address

23041 Firenze Dr

City

Frankfort

State

IL

Zip

60423

Signature

Kristin Murphy

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)

Vistana Subdivision

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) GWENDOLYN CARTER

Address 22511 Autumn Drive

City Frankfort State IL Zip 60423

Signature Gwendolyn B. Carter

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.A.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) DENNIS CARTER

Address 28511 AUTUMN DRIVE

City FRANKFORT State IL Zip 60423

Signature Dennis M. Carter

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION

Name (Please Print) CAROLINE & RICHARD PISARSKI

Address 11051 SIENA DRIVE

City FRANKFORT State IL Zip 60423

Signature Caroline Pisarski

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

Public Hearing Appearance Only Registration Form

Facility Name: Riverside Medical Center - Frankfort

Project Number: 12-089

I. IDENTIFICATION
Name (Please Print) Donna Veger
Address 11683 COQUILLE DR.
City Frankfort State IL Zip 60483
Signature Donna Veger

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral