



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Martha O'Donnell

City Orland Park State IL Zip 60467

Signature Martha E. O'Donnell

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Mary L Brown

City Orland Park State IL Zip 60462

Signature Mary L Brown

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)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Carol F Krueger

City Hickory Hill State IL Zip 60457

Signature Carol F Krueger

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)

Stop Palos

Stop PHFA

Stop Palos Hospital PHFA

South Campus Expansion

III. POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Roberta Rendoligh

City Orland Park State IL Zip 60467

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)

Group Palos South Campus Expansion

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

MARY ANN KRUEGER

City

Palos Hills

State

Illinois

Zip

60465

Signature

Mary Ann Krueger

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)

Palos Hospital Fitness Club
Palos South Campus Expansion

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

the Palos South Campus Expansion



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) THOMAS COLLIGAN

City ORLAND PARK State IL Zip 60467

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)

MS Glouff

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Maureen Betourney

City Palos Heights State IL Zip 60463

Signature Maureen Betourney

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

X

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JOHN PIZZIN

City ORLAND PARK State IL Zip 60462

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)

PALOS HEALTH CARE CONCERNED C.I.T.I.Z.E.N.S.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) SHARON W. WHITMORE

City ORLAND PARK State IL Zip 60462

Signature Sharon W. Whitmore

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Sharon Jones

City

Orland Park

State

IL

Zip

60467

Signature

Sharon Jones

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) RITA TAYLOR-NASH

City ORLAND PARK State IL Zip 60467

Signature Rita Taylor-Nash

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Irene S. WASSERMAN

City Orland Park State IL Zip 60462

Signature Irene Wasserman

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)

Save PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ROBERT GUOK

City PALOS PARK State IL Zip 60464

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Barbara Stace

City Orland PK State IL Zip 60462

Signature Barbara A. Stace

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)

PHC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Elwood & Joanne Chevalier

City Palos Heights State IL Zip 60463

Signature Joanne Chevalier

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LUCY QUERK

City ORLAND PK State IL Zip 60467

Signature Lucille Querk

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name *(Please Print)*

City

State

Zip

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Susan Mirabella

City

Orland Park

State

IL

Zip

60462

Signature

Susan Mirabella

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) DAVE SHERIDAN

City ORLAND PARK State IL Zip 60462

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Karen Schmitt

City Orland Park State IL Zip 60462

Signature Karen Schmitt

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

DOUGLAS JANUSZYK

City

ORLAND PARK

State

ILL

Zip

60467

Signature

Douglas Januszyk

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CATHERINE MILLER

City HOMER GLEN State IL Zip 60491

Signature Catherine Miller

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JAMES E. GIERACH

City Palos Park State IL Zip 60464

Signature *James E. Gierach*

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)

Old, fit, codgers

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

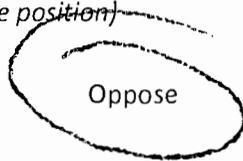
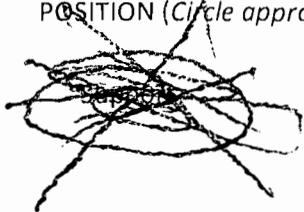
I. IDENTIFICATION

Name (Please Print) Mary Lou Makee
City Palos Heights State IL Zip 60463
Signature Mary Lou Makee

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)



Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARION (JOAN) WILSON

City ORLAND PARK State IL Zip 60462

Signature Marion J. Wilson

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

CLOSING
 PHIF



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ROBERT WILSON

City ORLAND PARK State IL Zip 60462

Signature Robert Wilson

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
 CECSM &
 PHFC

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

KATHLEEN KINNISH

City

TINLEY PARK

State

IL

Zip

60487

Signature

Kathleen R. Kinnish

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Angela Chobot

City Mokena State IL Zip 60448

Signature Angela M. Chobot

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LINDA KOSAR

City CRESTWOOD State IL Zip 60445

Signature Linda Kosar

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION
Name (Please Print) BEVERLY STAZAK
City ORLAND PARK State IL Zip 60467
Signature Bj St

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION
Name (Please Print) JEFF BLUST
City ORLAND PARK State IL Zip 60462
Signature Jeff Blust

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Charlene Sandberg

City Orland Park State IL Zip 60462

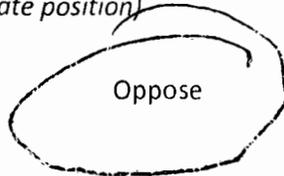
Signature Charlene D. Sandberg

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Therese Hogan

City Orland Pk State IL Zip 60462

Signature Therese Hogan

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Susan Boughan

City

Palos Park

State

IL

Zip

60464

Signature

Susan Boughan

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Loretta Kunovic

City

Midlothian

State

Illinois

Zip

60445

Signature

Loretta Kunovic

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)

Palos Fitness Center Members

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Eileen Connelly

City Tinley Pk State Il Zip 60487

Signature Eileen Connelly

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)

Palos Health & Fitness Employee

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Michael Bisberg

City

Orland Park

State

IL

Zip

60467

Signature

Michael Bisberg

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)

Save PHRC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) BOB BUSCH

City PALOS PARK State IL Zip 60464

Signature Bob Busch

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)

SAVE PHPC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) KAREN SACKOBSKI

City OR PALOS PK State IL Zip 60465

Signature Karen Sackobski

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)

SAUK PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) PAT KADUK

City ORLAND PARK State IL Zip 60467

Signature Pat Kaduk

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)

SAUR PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Bob Siegel

City ORLAND PARK State IL Zip 60462

Signature Robert C Siegel

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Wendy Lee

City Orland Park State IL Zip 60462

Signature Wendy Lee

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

LAURETTA BLAKE

City

HOMER GLEN

State

IL

Zip

60691

Signature

J. Blake

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

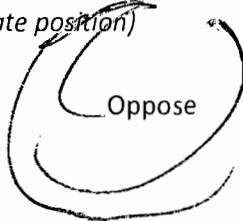
Entity, Organization, etc. represented in this appearance (i.e., ARC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LUCY KROUSE

City PALOS PARK State IL Zip 60464

Signature Lucy Krouse

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)

Member of Palos Health + Fitness Ctr & concerned

Citizen for Health Care.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARIE I. COZZIE

City Orland Pk. State IL. Zip 60467

Signature Marie I. Cozzie

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

KAY DAVIS

City

ORLAND PARK

State

IL

Zip

60462

Signature

Kay Davis

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

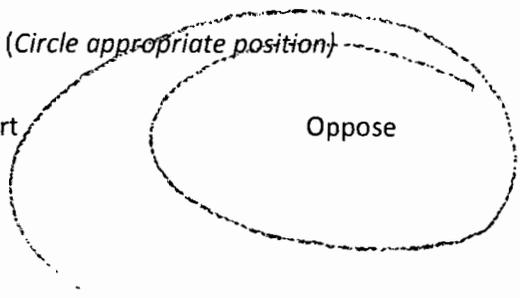
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Ivesa Parzatkka.

City Homewood State Ill Zip 60491

Signature Ivesa Parzatkka

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

THOMAS HENNIGAN

City HOMER GLEN State IL Zip 60491

Signature

Thomas Hennigan

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Carol Browne

City Orland Park State IL Zip 60462

Signature Carol Browne

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARY DONOVAN

City TINLEY PARK State IL Zip 60477

Signature Mary Donovan

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) *MRS. ALICE M. BARRON*

City *14605. MORNINGSIDE RD.* State *IL.* Zip *60462*

Signature *Alice M. Barron*

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

There are many people who desperately need this facility. Please, please help them. Do not demolish what is a life-death situation. Jesus loves all of us... help us.

9/17/15

2-18-2016



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARGARET NORDMEYER

City Orland Park State IL Zip 60467

Signature Margaret Nordmeyer

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

*Therapy pool means
so much for me*



STATE OF ILLINOIS
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) VIRGINIA DANLEY
 City 17857 MASS State ORLAND PARK Zip 60467
 Signature V. Danley

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

The pool has given me a greater quality of life, I am 90
 9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

William Kean

City

Orland Park

State

IL

Zip

60462

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

[Handwritten: Important]

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

LAUREL KEAN

City

ORLAND PARK

State

IL

Zip

60462

Signature

Laurel Kean

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

JAMES FERNANDEZ

City

LAKBORT

State

IL

Zip

60441

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)

Community REPRESENTATIVE

13 PRECINCT 13+H WARD

III.

POSITION (Circle appropriate position)

Support

[Handwritten Circle around Oppose]

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ADITH SUGENOV

City ORLAND PARK State IL Zip 60462

Signature Adith Sugenov

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I.

IDENTIFICATION

Name (Please Print)

Heidi Seidel

City

Orland P/S

State

IL

Zip

60462

Signature

Heidi Seidel

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) GERET JEWEL

City ORL. PK State IL Zip 60467

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Anne McAndrews

City Orland Park State IL Zip 60467

Signature Anne McAndrews

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CATHERINE B SULLIVAN

City Orland Park State IL Zip 60462

Signature Catherine B Sullivan

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JAN ARTHURS

City ORLAND PARK State IL Zip 60467

Signature Janet Arthur

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Dennis Manyak

City Orland Park State IL Zip _____

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

NAREN MANYAK

City

ORLAND PK

State

ILL

Zip

60462

Signature

Naren Manyak

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) IRENA JUSKA

City ORLAND PK State IL Zip 60462

Signature Irena Juska

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) R. Anthony

City ORLAND PARK State IL Zip 60467

Signature R. Anthony

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ~~EO~~ LINDA McVOUGH

City Burbank State IL Zip 60459

Signature Linda McVough

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) NORBERT NENDZA

City PALOSPARK State IL Zip 60462

Signature Norbert Nendza

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) WILLIAM VELON

City ORLAND PK State _____ Zip 60467

Signature William V. Velson

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)

SAVE PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) John Stroh

City Mokena State Ill Zip 60448

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)

m.s

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Susan & William Velow

City Orland PK State IL Zip 60467

Signature Susan Velow

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)

SAVE PAFK.ORG

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Gerald Waggett

City Orland Park State IL Zip 60467

Signature Gerald Waggett

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)

Sare PHCF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

7336 W. 110th St.

I. IDENTIFICATION

Name (Please Print)

Richard W. Thomas

City

Worth

State

IL

Zip

60482

Signature

Richard W. Thomas

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

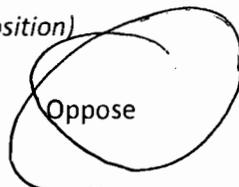
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LENORE MEYER

City OK LAWN State IL Zip 60453

Signature Lenore Meyer

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

SAVE PHFC



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CHARLENE MORAN

City Lockport State IL Zip 60441

Signature Charlene Moran

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)

FITNES

NOT

ILLNESS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

to destruction of PHFB

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) RONALD W. ZAWILINSKI

City TINLEY PARK State ILLINOIS Zip 60477

Signature R.W. [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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) DIANE ZAWILINSKI

City TINLEY PARK State IL Zip 60477

Signature Diane Zawilinski

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
Stay open!!! Stay open!!!



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

PAUL MOSTEIKA

City

ORLANDO PK

State

IL

Zip

60467

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CHRISTINE MOSTEIKA

City ORLAND PK State ILL Zip 60467

Signature Christine A. Mosteika

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ANITA VERONESE

City ORLAND PARK State IL Zip 60462

Signature Anita M. Veronese

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

NOTE: MY ORTHOPIC DOCTORS SAID
THE BEST THING FOR MY EXTENSIVE BACK
SURGERY - AND ARTHRITIC CONDITION - 9/17/15
IS THERAPY POOL! NOW WHAT?



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Dorothy Morandi

City Lemont State IL Zip 60439

Signature Dorothy Morandi

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)

Palos Health & Fitness Center

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

removing
Palos Fitness Center

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Hebere LAHSIN

City HOMER GLEN State FL Zip 60491

Signature Heber LaSin

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)

PALOS FITNESS CENTER

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) DIANNE BROCKMAN

City ORLAND PARK State IL Zip 60462

Signature Dianne Brockman

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)

PALOS FITNESS CENTER

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARTHA GERRY

City ORLAND PARK State IL Zip 60467

Signature Martha Gerry

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

BIG TIME!



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) PAT HUIZENGA

City DOLTON State IL Zip 60419

Signature Pat Huizenga

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)

Palos Health & Fitness

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARGUERITE McLEAN

City ORLAND PARK State IL Zip 60467

Signature Margaret McLean

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)

PALOS HEALTH & FITNESS CENTER

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CHRISTINE TESMOND

City ORLAND PARK State IL Zip 60462

Signature *Christine Tesmond*

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)

PALOS HFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Henry A. Meyer

City

Oak Lawn

State

Ill.

Zip

60453

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)

~~Save Palos Hosp~~

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

The Closing

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Jo Ann Gabel

City Orland Hills State IL Zip 60487

Signature Jo Ann Gabel

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

the closing



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ANTONIA M FEDOR

City ORLAND PK State IL Zip 60467

Signature Antonia M Fedor

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

The Closing

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARILYN KREZWICK

City ORLAND PARK State IL Zip 60462

Signature Marilyn Krezwick

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) HIGHLY

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Charles W Krezwick

City Orland Park State IL Zip 60462

Signature *Charles W Krezwick*

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARTY MAJEWSKI

City ORLAND PARK State IL Zip 60467

Signature Marty Majewski

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Mickey Davidson

City Palos Park State IL Zip 60464

Signature Mickey Davidson

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ~~BRIVA M~~ BRIVA M

City

Lockport

State

IL

Zip

60441

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)

Keep palos open

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) PAUL HILLER

City ORLAND PARK State IL Zip 60262

Signature Paul Hiller

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)

Same PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) GHORIA CROCKETT

City Lockport State IL Zip 60441

Signature Gloria Crockett

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Sharon A. Carlson

City Oak Forest State IL Zip 60452

Signature Sharon A. Carlson

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

HELEN WARD

City

PALOS HTS State IL Zip 60463

Signature

H. Ward

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

JOHN F. HAYES

City

PALOS PARK

State

IL

Zip

60464

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

P.T. Center Chicago

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) DENNIS HORNER
City TONAWAY PK State ILL Zip 60477
Signature Dennis Horner

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) SHIRLEY C WOLFE

City ORLAND PARK State IL Zip 60462

Signature Shirley C Wolfe

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

J.B. Goebel

City

Palos Park

State

IL

Zip

60464

Signature

J.B. Goebel

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ROBERTA JACOBOWSKI

City PALOS PARK State IL Zip 60464

Signature Roberta Jacobowski

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)

PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

THOMAS FRANCIS ANDERSON

City MIDLOTHIAN State ILL zip 60445

Signature Thomas Francis Anderson

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

ERIC BREUNIG

City

PALOS PK.

State

IL.

Zip

60465

Signature

Eric Breunig

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) KAY MURRAY

City Orland Park State IL Zip 60462

Signature Kay Murray

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)

Just a resident on West Ave!

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

RAG Malt

City

O.P.

State

Zip

60467

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) FRANK K. THORP

City PALOS PARK State IL Zip 60464

Signature Frank K. Thorp

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)

Palos Health and Fitness Center

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Destruction of
Fitness Center



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CAROL HANNOV

City PALOS HILLS State IL Zip 60465

Signature Carol Hannov

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Loreen Niejedly
City Orland Park State IL Zip 60462
Signature Loreen Niejedly

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CHRISTINE BRESSNAHAN

City ORLAND PARK State ILL Zip _____

Signature Christine Bresnahan

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARY RIPP

City Alsip State IL Zip 60803

Signature Mary Ripp

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

John Duda

City

Orland Park

State

IL

Zip

60462

Signature

John Duda

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Dean Carlson

City

Orland Park

State

IL

Zip

60462

Signature

Dean Carlson

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

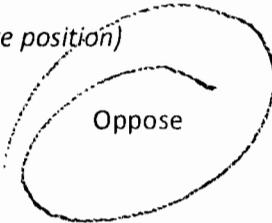
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



9/17/15



STATE OF ILLINOIS
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Mary Lou Duda

City

Orland Park State Ill

Zip

60462

Signature

Mary Lou Duda

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)

Member - orthotic

need wear h2o pad.

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) CAROL CURTIS

City ORLAND PARK State IL Zip 60467

Signature Carol Curtis

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Lalverne Valdez

City Orland Hills State IL Zip 60487

Signature Lalverne Valdez

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Judy Dugar

City Palos Park State IL Zip 60464

Signature Judy Dugar

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)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARY + GEORGE NASSAR

City TINLEY PK State IL Zip 60477

Signature Mary + George Nassar

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

The closing of PH + FC center,



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

PAT WEITZ

City

Oak Forest

State

IL

Zip

60452

Signature

Pat Weitz

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

BARBARA A. HOLDEN

City

JUSTICE

State

IL

Zip

60458

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARY KOPEL

City TINLEY PARK State IL Zip 60487

Signature Mary M Kope

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)

MIS South Cook Group

PHFC members

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION
Name (Please Print) CHRIS CORRIGAN
City Orland State _____ Zip 60467
Signature Chris Corrigan

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Lois Foley

City Orland Park State IL Zip 60462

Signature Lois Foley

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) BARB ADAMS

City HOMERWOOD State IL Zip 60430

Signature Barbara A. Adams

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) SANDY Di SARATO

City LOCKPORT State IL Zip 60461

Signature Sandy DiSarato

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)

PNEC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Jason Buechle

City Orland Park State IL Zip 60467

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Tanya Chainey

City

Orland Park

State

IL

Zip

60462

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Thomas McGuire

City Orland Park State IL Zip 60467

Signature Thomas McGuire

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Margaret McGuire

City Orland Park State IL Zip 60467

Signature Margaret McGuire

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

BARBARA RIZZO

City

ORL PK

State

IL

Zip

60462

Signature

Barbara Rizzo

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

JOSEPH RIZZO

City

ORL PK

State

IL

Zip

60462

Signature

Joseph Rizzo

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



Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) George R. Hostert

City New Lenox State IL. Zip 60451

Signature George R. Hostert

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) DOLORES NESTER

City PALOS HILLS State IL Zip 60465

Signature Dolores Nester

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) IRENE SANOSKI

City BURBANK State IL Zip 60459

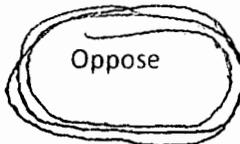
Signature Irene Sanoski

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MIKE DOYLE

City ORLAND PK State IL Zip 60462

Signature Mike Doyle

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Darrell Ortiz

City Orland Park State IL Zip 60462

Signature Darrell Ortiz

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

We need this for cardiac rehab!

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Christine Ortiz

City Orland Park State IL Zip 60462

Signature Christine J. Ortiz

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

VIRGINIA MATHEU

City

PALOS PARK

State

IL

Zip

60464

Signature

Virginia Matheu

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION
Name (Please Print) KATHY ANDERSON
City PALOS PK State ILL Zip 60464
Signature Kathy Anderson

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

LARRY EHRETSMAID

City Palos Park State IL Zip 60464

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 CITIZENS FOR PHF C

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION
Name (Please Print) Thomas J. Hampson
City Palos Heights State IL. Zip 60463
Signature Thomas J. Hampson

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

CHOICE OF PHEF



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION
Name (Please Print) Sharon Mulka
City Palos Park State IL Zip 60464
Signature Sharon M Mulka

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Philip TORTORICI

City

Palos Heights

State

IL

Zip

60463

Signature

Philip F. Tortorici

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

JOSEPH P. HOWIEZ

City

ORLAND PARK

State

IL

Zip

60462

Signature

Joseph P. Howiez

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

MEMBER

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) DORIS TORTORICI

City Palos Heights State IL Zip 60463

Signature Doris Tortorici

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JAMES KALATA

City ORLAND PK State IL. Zip 60462

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

SUSAN AVILA

City

ORLAND PARK

State

FL

Zip

60467

Signature

Susan Avila

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) FRANK J PROKOP JR

City ORLAND PARK State ILL Zip 60467

Signature Frank J Prokop 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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) BONNIE WATZKE

City PALOS HTS State IL Zip 60462

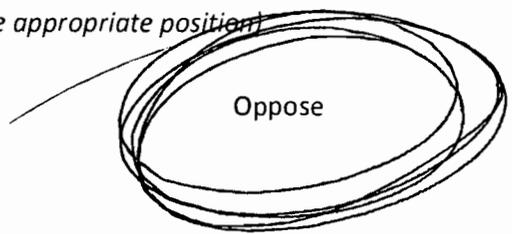
Signature Bonnie Watzke

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MICHAEL C. McDERMOTT

City ORLAND PARK State IL Zip 60462

Signature Michael C. McDermott

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) PHYLLIS L. HOWIEZ

City ORLAND PARK State IL Zip 60462

Signature *Phyllis L. Howiez*

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

NANCY CERNS

City

ORLAND PARK

State

IL

Zip

60462

Signature

Nancy Cerns

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)

SAVE PALOS HEALTH AND FITNESS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital.- Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LINDA GOODMAN

City PALOS HILLS State IL Zip 60465

Signature Linda Goodman

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Margaret L. Peo

City Palos Hills State IL Zip 60465

Signature Margaret L. Peo

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

JOHN FEI

City

MOKENA

State

IL

Zip

60446

Signature

John Fei

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Michelline Schuch

City Orland Park State IL Zip 60467

Signature Michelline Schuch

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARVIN VAN DYCK

City PALOS HEIGHTS State IL Zip 60463

Signature Marvin Van Dyck

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)

SELF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Joseph Saebel

City Orland Park State IL Zip 60462

Signature Joseph Saebel

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)

Palos Health + Fitness

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Mary Moran

City

Orland Park

State

IL

Zip

60462

Signature

Mary Moran

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Tom Moran

City Orland Park State IL Zip 60462

Signature Tom Moran

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Amy Willis

City Frankfort State IL Zip 60491

Signature Amy Willis

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LYNN CANTERBURY

City ORLAND PARK State IL Zip 60462

Signature Lynn Canterbury

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

NOT OPPOSED TO THE EXPANSION.
OPPOSED TO THE CLOSING OF THE
FITNESS CENTER.

9/17/15



Ug

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Aina Gorisch

City Homer Glen State IL Zip 60491

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) NANCY A MUNIS

City ORLAND PARK State IL Zip 60467

Signature Nancy A. Munis

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)

PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

DENIS L. SMITH

City ORLAND PARK State IL Zip _____

Signature Dawse L. Smith

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) PATRICIA CASEY

City Orland Park State IL Zip 60465

Signature Patricia Casey

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

4

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

RAYMOND BRASCH

City

ORLAND PARK

State

ILL

Zip

60462

Signature

Raymond A. Brasch

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

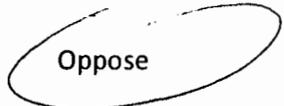
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) RONNI PODLASEK

City ORLAND PARK State IL Zip 60467

Signature Ronni Podlasek

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)

Palos Health & Fitness Center

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) NICHOLAS LOSOLE

City HOMER GLEN State IL. zip 60491

Signature Nicholas J. Losole

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)

PALOS HEALTH + FITNESS CENTER

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARION LOSOLE

City HOMER GLEN State IL. Zip 60491

Signature Marion Losole

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)

PALOS HEALTH AND FITNESS CENTER

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) RICHARD PASZYLK

City ORLAND PARK State IL Zip 60462

Signature *Richard Paszylk*

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)

SELF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) PATRICIA KROMC

City ORLAND PARK State IL Zip 60462

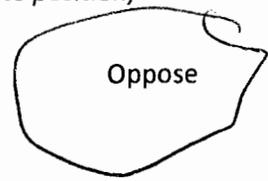
Signature Patricia Kromc

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Deborah Caldwell

City Orland Park State IL Zip 60467

Signature Deborah Caldwell

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Sheryl Hill

City LEMONT State IL Zip 60439

Signature Sheryl Hill

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Jacqueline FAHEY

City ORLAND PARK State IL Zip 60462

Signature Jacqueline Fahey

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Art Crummie

City Frankfort State IL Zip 60423

Signature Art Crummie

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JOHN E STEELE

City ORLAND PARK State IL Zip 60462-2209

Signature John E Steele

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)

PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) HELEN OSTERMAN

City HOMER GLEN State IL Zip 60491

Signature Helen Osterman

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)

Support PHFC - The only
one in the vicinity.

III. POSITION (Circle appropriate position)

~~Support~~

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Stathia Kanos

City Orland Park IL Zip 60467

Signature Stathia Kanos

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

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Bill O'Connor

City

Palos Park

State

IL

Zip

60464

Signature

William O'Connor

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

GLADYS MIKOS

City

ORLAND PARK

State

IL

Zip

60467

Signature

Glady's Mikos

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)

SELF

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) DIANA WALDEN

City ORLAND PARK State IL Zip 60467

Signature Diana L Walden

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) _____



Eileen Mierzwa
15710 S 88th Ave
Orland Park, IL 60462

City _____ Zip _____

Signature Eileen Mierzwa

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Shirley MyszKewicz
City Orland Park State IL Zip 60462
Signature Shirley MyszKewicz

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)

Health Club Member

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LORRAINE G. SZARD

City ORLAND PARK State IL Zip 60462

Signature Lorraine G. Szard

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)

Palos Fitness Club

III. POSITION (Circle appropriate position)

Support

Oppose Gas

Neutral

Because of my physical problems
doctor recommend therapy pool.

Please reconsider this closing!
shanku 9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LINDA STROMBECK

City ORLAND PK State IL zip 60467

Signature Linda Strombeck

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)

PALOS HEALTH CLUB

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Think of senior citizens - their health & welfare. we have rights for a healthy lifestyle.

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) ALICE KOWALSKI

City ORLAND PARK State IL Zip 60467

Signature Alice Kowalski

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)

PALOS FITNESS CLUB

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

The therapeutic pool helps me tremendously at age 88 I had two knee replacements & water exercise helps 9/17/15

Alice Kowalski



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Judy Faermark

City Orland Park State IL Zip 60462

Signature Judy Faermark

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)

Palos Health Club

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Please think of
us and our
needs

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) FLORENCE Mc Gory

City LEMONT State IL Zip 60439

Signature Florence Mc Gory

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)

Calum Health Club

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

Consider daily health needs of population.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Chelle Sewell

City

Burnham

State

IL

Zip

60633

Signature

Chelle Sewell

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)

*Palos Health & Fitness Center
(to keep open)*

III. POSITION, (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JEANINE GAUSSELIN

City ORLAND PARK State IL Zip 60467

Signature Jeanine Gauselin

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)

PALOS HEALTH AND FITNESS

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Dawn J. Gaskowski

City Orland Park State ILL Zip _____

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARY BUSCH

City PALOS PALOS State ILLINOIS Zip 60464

Signature Mary Busch

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)

Palos Health Club

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JOHANNA UGO-CONLON

City ORLAND PK State IL Zip 60467

Signature Johanna Ugo-Conlon

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)

Palos

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) SHARON McCaffrey

City O.P. State IL Zip 60462

Signature Sharon McCaffrey

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)

~~Palos Health #1~~

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

MARY KELLY O'CONNOR

City

9725 W. Pebble Dr. Palos Park, Ill

State

Zip

60464

Signature

Mary Kelly O'Connor

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Kathleen Siberz

City Orland Park State IL Zip 60462

Signature Kathleen Siberz

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Leslie Drew

City

Orland Park

State

Ill.

Zip

60467

Signature

Leslie G. Drew

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Kathy Morton

City Lockport State IL Zip 60451

Signature Kathy Morton

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Mary Beth Stoffregen
City Orland Park State IL Zip 60462
Signature Mary Beth Stoffregen

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)

Multiple Sclerosis

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

PAUL WILD

City

PALATINE

State

IL

Zip

60067

Signature

Paul Wild

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Mary Wild

City

Palatine

State

I

Zip

60067

Signature

Mary Wild

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

DEBORAH PASZYK

City

ORLAND PARK

State

IL

Zip

60462

Signature

Deborah Paszyk

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MARILYNN WADASDY

City Orland Park State IL Zip 20469

Signature Marilynn Wadasdy

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) J. HILLER

City ORLAND PARK State IL Zip 60462

Signature *Janette Hiller*

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Janet BRANZSCH

City ORland PK State IL Zip 60462

Signature Janet Bransch

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) REGINA M KNAPP

City OP State IL Zip 60462

Signature Regina M Knapp

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)

PHFC Member

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Linda Nelson

City Palos Heights State IL Zip 60463

Signature Linda A. Nelson

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)

Save Palos Health Fitness

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I.

IDENTIFICATION

Name (Please Print)

Deborah Ekdahl

City

Orland Hills

State

IL

Zip

60487

Signature

Deborah Ekdahl

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Karen Kremer

City Orland Park State IL Zip 60467

Signature Karen Kremer

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) SEA

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Robert A. Hertz

City Orland Hills State IL Zip 60487

Signature *Robert A. Hertz*

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Carmel PRENDERGAST

City ~~Palos~~ Palos Hts State IL Zip 60463

Signature Carmel Prendergast

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)

Member of PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Kimberley Jansto

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)

[Handwritten Signature]
[Handwritten Signature]

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Cynthia Styc

City Orland Park State IL Zip 60467

Signature Cynthia Styc

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JUDITH K. WEILAND

City Palos Hills State ILL Zip 60462

Signature Judith K. Weiland

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 Citizens

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JOHN R. VOIGT

City PALOS HEIGHTS State IL Zip 60463

Signature John R. Voigt

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

Vanette Fox

City

Palos Hills

State

IL

Zip

60463

Signature

Vanette Fox

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)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LINDA ZIENTEK

City Palos State IL. Zip 60463

Signature Linda Zientek

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)

Self

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LORRAINE WASSO

City ORLAND PARK State ILLINOIS Zip 60462

Signature Lorraine Wasso

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

Leave the newer health & fitness center as it is, many use it daily.

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Bonita Ostarello

City Orland Park State IL Zip _____

Signature Bonita Ostarello

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

Closing of PHFC

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) HENRIETTA Dewey

City ORLAND PARK State I Zip 60462

Signature Henrietta Dewey

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)

SELF

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) BONITA JOHNSON

City PALOS PK State IL Zip 60464

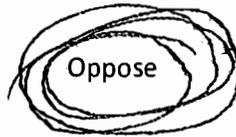
Signature Bonita Johnson

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LAUREL BRUNELL

City ORLAND PARK State IL Zip 60462

Signature Laurel J. Brunell

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Sharon Keslin

City Orland Pk State IL Zip 60467

Signature Sharon A. Keslin

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) GERRY JANKIEWICZ

City Orland Park State IL Zip 60462

Signature Gerry Jankiewicz

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)

Self & friends in PHFC
therapy pool

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LOUIS TOMCZAK

City ORLAND PK State IL Zip 60462

Signature Lou Tomczak

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Trudi Coracoro

City Orland Park State IL Zip 60462

Signature Trudi Coracoro

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) RAY GALASSI

City ORLAND PK State IL Zip 60462

Signature Ray Galassi

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)

SAVE PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

PLEASE DO NOT CLOSE THIS FACILITY.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) SUSAN E GALASSI

City ORLAND PARK State IL Zip 60462

Signature Susan E Galassi

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)

SAVE PHFC

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

MARK WISNIEWSKI

City _____ State _____ Zip _____

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JOANNE WIKTOR

City ORLAND PARK State IL Zip 60462-2180

Signature Joanne Wiktor

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) RITA RUSSO

City OAK FOREST State IL Zip 60452

Signature Rita Russo

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) KATE SCARPELLI

City ORLAND PARK State IL Zip 60462

Signature Kate Scarpelli

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) JANET HOUTS

City HOMER GLEN State IL Zip 60491

Signature Janet Houts

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) LEO E. GRVENHOLTZ

City HOMER GLEN State ILL Zip 60491

Signature Leo E. Grvenholz

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) MILKA LISNICH

City Orland Park State IL Zip 60462

Signature M. Lisnich

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) Sharon + Rosemary Hoffman

City Palos Height State IL Zip 60463

Signature Sharon L. Hoffman

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)

Current cancer patient

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES F

4

Public Hearing Appearance Only Regi

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) SOBIA PRINR

City FRANKFORT State IL Zip 60133

Signature Sobia Prinr

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

9/17/15



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

GREG DEWICE

City

Palos HHC

State

ILL

Zip

60963

Signature

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

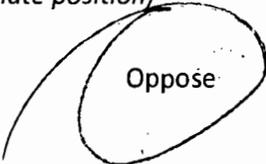
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print) REGINA PERSAK

City PALOS PARK State IL Zip 60464

Signature Regina J. Persak

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 BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Palos Community Hospital – Orland Park

Project Number: 16-001

I. IDENTIFICATION

Name (Please Print)

TERESE RIGODANZO-KASPER

City

ORLAND PARK

State

Zip

60462

Signature

Terese Rigodanzo-Kasper

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

9/17/15