

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 314599
Applicant: Southwestern Indiana Radiation Onc. Center
License Number: 13-25945-01
Docket Number: 030-30712
Date Voided: 9/29/05
Reason for Void: No amendment to the license was
necessary. Consent letter for ownership change sent this
date.
Colleen Carol Casey 9/29/05
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

- ☐ Refund Authorized and processed
☐ No Refund Due
☐ Fee Exempt or Fee Not Required

Comments: _____ Log completed _____

Processed by: _____