

NOTE TO: License Fee Management Branch, ADM

FROM: Region III

SUBJECT: VOIDED APPLICATION

Control Number

79246

Applicant

V.A. Hosp. (William S. Middleton Mem)

Date Voided

10-18-85

Reason for Void

Amendment incorporated
into renewal request

Signature

P. Vachuron

Attachment:
Application

correct

(OK)

79247

July 5

11/4/85

OK

LPMS

11

ML30

CONVERSATION RECORD

TIME

10:22

DATE

10-18-85

TYPE

☐ VISIT☐ CONFERENCE☐ TELEPHONE☐ INCOMING☐ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT
WITH YOUORGANIZATION (Office, dept., bureau,
etc.)

TELEPHONE NO.

Dan McGary, R.S.O. VAHosp/Madison WI 256-1901

SUBJECT

SUMMARY

Amendment request dated 6/26/85

Amendment will be voided.

Mr. McGary said this issue is covered in
their renewal request which is currently
under review so this amend. is
unnecessary.

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Vickulon

10/18/85

ACTION TAKEN

SIGNATURE

TITLE

DATE

CONVERSATION RECORD

TIME

9:50

DATE

7/8/85

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

Dr. James Smith

V.A. Washington

8 - 389-3195

SUBJECT

License no. 48-01183-01 William S. Middleton Memorial

Amendment request dated 6/26/85

SUMMARY

I informed Dr. Smith that this amendment request had not been countersigned by him. He requested I send a copy to him and he would then approve the request and return it to me after which I could issue the amendment.

ACTION REQUIRED

send a copy of amendment request to Dr. Smith

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Evelyn Matson

7/8/85

ACTION TAKEN

SIGNATURE

TITLE

DATE

50271-101

GPO : 1981 O - 361-526 (7277)

CONVERSATION RECORD

OPTIONAL FORM 271 (12-76)
DEPARTMENT OF DEFENSE