

VOID SHEET

TO: License Fee Management Branch

FROM:

RIII -

Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number:

316751

Applicant:

DMC / Sinai - Grace Hospital

License Number:

21-00299-04

Docket Number:

030 - 01992

Date Voided:

3/14/08

Reason for Void:

Licenser's application was very deficient + licenser could not be reached for additional info in timely manner. Re-activate upon receipt of response.

Signature

Colleen Carol Casey

Date

3/14/08

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: _____