

VOID SHEET

TO: License Fee Management Branch  
FROM: D. Pistone  
SUBJECT: VOIDED APPLICATION

Control Number: 396401  
Applicant: Hayes Hosp.  
Date Voided: 3/8/94  
Reason for Void: \_\_\_\_\_

Action should not have been controlled in.  
Change in contact person only.

D. Pistone 3/8/94  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

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

Comments: \_\_\_\_\_

Log completed   
Processed by: SAC  
4/5/94

000040

9404070224 940308  
PDR ADDOCK 03009376  
C PDR

ML  
30 DH



DATE: 2/3

CORRESPONDENCE CLARIFICATION SHEET

REVIEWER: John  
LICENSEE: Harper Hoop  
LICENSE NUMBER: 21-04127-03, -06, -07  
MAIL CONTROL NUMBER: \_\_\_\_\_

The following correspondence has been received from the above licensee and it is not clear what action(s) is(are) required: Please review this correspondence and indicate which of the following applies, and please return to \_\_\_\_\_, as soon as possible.

Additional Information to Control No. \_\_\_\_\_  
Process in as a new action, additional information, and no fee required.

Process as new licensing action. Review has already been started on Control No. \_\_\_\_\_ and this information cannot be combined with current in-house action.

Can be combined with Control No. \_\_\_\_\_. Review has not been started.

Appears to be a(n) \_\_\_\_\_

*Pat, This is a Mailing address Chng.  
NO Fee Amend.?*

Other: is an amendment required for contact charge? Should I change LTS to reflect these changes & place in respective files?

Thanks For Your Help!!!

*Pat* CONTROL NO. **396401**

Wayne State University

**DMC** Harper Hospital

January 27, 1994

U. S. Nuclear Regulatory Commission  
Region III  
801 Warrenville Road  
Lisle, Illinois 60532

Attention: Licensing Department

Re: Harper Hospital  
License No. 21-04127-02  
License No. 21-04127-06  
License No. 21-04127-07

Dear Sir/Madam:

We are requesting that any and all NRC mailings for Harper Hospital be sent to Shirley L. Green, Vice President Patient Services. Having everything directed to Mrs. Green will help expedite payments and decrease response time on all correspondence to the NRC. Please direct all mailings to:

Shirley L. Green  
Vice President Patient Services  
Harper Hospital  
3990 John R  
Detroit, MI 48201

If you have any questions, please write or call me at 313-745-8905.

Sincerely,

*Shirley L. Green*

Shirley L. Green  
Vice President  
Patient Services

SLG: jr

RECEIVED BY LFDGB	
Date	<i>Feb. 15, 1994</i>
Log	<i>Feb. 8 III</i>
By	<i>SC</i>
Date Completed	<i>2/16/94</i>

RECEIVED

FEB 03 1994

REGION III

**FEE NOT REQUIRED**

*Chg. Allen has on  
copy.*

Harper Hospital  
3990 John R Detroit, Michigan 48201 313.745.8040

CONTROL NO. **396401** FEB 3 1994