



Citrus Inquiry - End of Season 2009 / 2010



Arizona Field Office
230 N 1st Avenue, Ste. 303
Phoenix, AZ 85003-1725,
Phone 1-800-645-7286, Fax 1-800-558-8732
nass-az@nass.usda.gov

Dear Reporter:

Please report for the groves which supply citrus to your operation. Response to this survey is voluntary and not required by law. However, cooperation is very important in order to estimate citrus accurately in Arizona. Individual reports will be kept confidential. Thank you for your cooperation. Please complete and return your report promptly by mail or facsimile.

Please make corrections in name, address and Zip Code, if necessary.

Please FAX to 1-800-558-8732 by June 29

REPORT FOR THE GROVE(S) WHICH SUPPLY YOUR OPERATION

1. Citrus utilization for the 2009 / 2010 season.

Variety	Box Weight	Total number of boxes packed for the season	Number of equivalent boxes that went to Processing	Comment on the size and quality of fruit
Navel & Sweet Oranges.....				
Valencia Oranges.....				
Grapefruit.....				
Lemons.....				
Tangerines & Tangelos.....				

2. Crop Condition: Please report current crop progress and conditions for groves which supply citrus to your operation.

- | | | | |
|-----------------------------------|--------------------------------|-----------------------------------|------------------------------------|
| 1. Condition of groves | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| 2. Harvest Progress | <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Active |
| 3. Quality of fruit | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| 4. Weed Control | <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
| 5. Insect and Disease Infestation | <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |

3. List Insects or Diseases: _____

4. General Comments: (Major activities, unusual weather conditions, insect or disease problems, etc.) _____

5. Please indicate or circle the packer that you are associated with (For example Dole, Sunkist, Sunworld, or an Independent Packer). _____

Reported by: _____ Date: _____

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