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



AG YIELD SURVEY JUNE June 2010



Illinois Field Office P.O. Box 19283 Springfield, IL 62794-9283 1-800-622-9865 Fax: 1-800-811-3913 E-mail: nass-il@nass.usda.gov

Your help is needed to prepare crop estimates to be published in the June 10th Crop Production report. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept confidential and used only for statistical purposes. for statistical purposes. Response is voluntary.

If you have any questions about the survey, please feel free to call 1-800-622-9865.

Stratum	POID	Tra	ct S	ubtr.							
			_ -								
If you no	longer operate	e this farm or	ranch g	o to Section 2.							
SECTION	N 1 - CROP A	CREAGE an	d YIELD								
following	crops. If harv	est is not cor	mplete, r	d per acre you e make your best o inted to others.)							
										TOTAL CROP	
WINTER WHEAT Harvested and to be harvested (grain and seed only)									541		
паги	esteu anu to b	e narvesteu	(grain ai	iu seeu oniy)				Acres	151		
Expected yield for grain and seed									151		
Has I	harvest been d	completed?.				Yes=	:1 No=	980 -3			
	N 2 – CONCLU I no longer ope		arm or ra	anch, please pro	vide the	name and	address of	the new oper	ator.		
ADDRES	SS:										
CITY:	CITY: ZIP CODE:										
COUNTY: PHONE:											
COMMENTS:											
Survey F	Results: To re	ceive the com	plete resu	ults of this survey	on the re	lease date, g	go to <u>http://w</u>	ww.nass.usd	a.gov/resu	ılts.	
Would vou	ı rather have a l	brief summarv	mailed to	o you at a later da	te?		☐ Yes = 1	□ No = 3 .	099		
This completes the survey. Thank you for your help. Reported by: Date: Date:											
•	-				_			0010 8484	Date:		
required to OMB contro collection is searching e	respond to, a collo of number for this s estimated to ave	ection of informa information colle rage 10 minutes	ation unles ection is 05 s per respo	agency may not cor is it displays a valid 535-0213. The time onse, including the ti ning the data neede	OMB cont required t ime for rev	rol number. T o complete thi riewing instruc	The valid is information tions, eviewing the	9910 MM DATE:	DD	YY	
Re	esponse	Respon	dent	Mode		Enum.	Eval.	Offic	e Use for P	OID	
1-Comp 2-R 3-Inac	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr	9902	1-Mail 2-Tel 3-Face-to-Face	9903	098	100	789		_	
4-Office Ho 5-R – Est	ld	4-Partner 9-Oth		4-CATI 5-Web			R. Unit				
6-Inac – Es				6-e-mail			921	Optional Use			
7-Off Hold - 8-Known Ze				7-Fax 8-CAPI				407	408		
C/E Nome				19-Other							
S/E Name						1					