



AG YIELD SURVEY JULY July 2010



Illinois Field Office
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 Springfield, IL 62794-9283
 1-800-622-9865
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 E-mail: nass-il@nass.usda.gov

Your help is needed to prepare crop estimates to be published in the July 9th 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. Response is **voluntary**.

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

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

Stratum	POID	Tract	Subtr.
_ _ _ _	_ _ _ _ _ _ _ _	_ _	_ _

If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE and YIELD

Please report the acres for harvest and yield per acre you expect to harvest from the total acres you operate for each of the following crops. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. (**Exclude** information for land rented to others.)

	TOTAL CROP
WINTER WHEAT	541
Harvested and to be harvested (grain and seed only) Acres	541
Expected yield for grain and seed Bu. Per Acre	151
Has harvest been completed? Yes = 1 No = 3	980
OATS	534
Harvested and to be harvested (grain and seed only). Acres	534
Expected yield for grain and seed Bu. Per Acre	153

SECTION 2 – CONCLUSION

If you no longer operate this farm or ranch, please provide the name and address of the new operator.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

COUNTY: _____ **PHONE:** _____

COMMENTS: _____

Survey Results: To receive the complete results of this survey on the release date, go to <http://www.nass.usda.gov/results>.

Would you rather have a brief summary mailed to you at a later date? Yes = 1 No = 3 . . . 099

This completes the survey. Thank you for your help.

Reported by: _____ Phone : (_____) _____ Date: _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0535-0213. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

9910	MM	DD	YY
DATE: _____			
Office Use for POID			

R. Unit			
921			
Optional Use			
407		408	

Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	Office Use for POID
1-Comp		1-Op/Mgr		1-Mail		098	100	789
2-R		2-Sp		2-Tel				
3-Inac		3-Acct/Bkpr		3-Face-to-Face				
4-Office Hold		4-Partner		4-CATI				
5-R – Est		9-Oth		5-Web				
6-Inac – Est				6-e-mail				
7-Off Hold – Est				7-Fax				
8-Known Zero				8-CAPI				
				19-Other				

S/E Name _____