

**TOBACCO INTENTIONS – MARCH NEW ENGLAND Master Copy <CROP YEAR> CROP**



**NATIONAL AGRICULTURAL STATISTICS SERVICE**

**New England Field Office**  
 53 Pleasant St., Room 2100  
 Concord, NH 03301  
 1-800-642-9571  
 Fax: 1-800-754-7607  
 nass-nh@nass.usda.gov

Information requested in this survey is used to prepare preliminary acreage estimates of tobacco for 2013. 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 in combination with similar reports from other producers. Response is **voluntary**.

**NOTE: This survey is used to determine acreage intentions for New England tobacco for the upcoming crop year. A separate survey which asks for acreage, production, and prices for the previous year's Broadleaf Tobacco crop is conducted at the same time. The two surveys must be kept separate since they are referencing two different crop years.**

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

Please report the number of acres of tobacco intended for harvest by this operation in 2013, by type, to the nearest tenth of an acre. Please report for all land operated, including land rented from others. **Exclude** tobacco acres leased to others.

**CIGAR BINDER CT VALLEY BROADLEAF TOBACCO (TYPE 51)** .....

Acres	xxx	. ____
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**CIGAR WRAPPER CT VALLEY SHADE-GROWN TOBACCO (TYPE 61)** .....

Acres	xxx	. ____
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**OTHER TOBACCO (Please Specify Type \_\_\_\_\_)** .....

Acres	xxx	. ____
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**COMMENTS:** (use reverse side if necessary)

**SURVEY RESULTS:** To receive the complete results of this survey on the release date, go to [www.nass.usda.gov/results/](http://www.nass.usda.gov/results/).

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Would you rather have a brief summary mailed to you at a later date?  Yes  No

Respondent Name: _____	9911 Phone: (____) _____	9910    MM    DD    YY Date:    __    __    __    __
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**OFFICE USE ONLY**

Response	9901	Respondent	9902	Mode	9903	Enum	Eval.	Change	Optional Use				
1-Comp		1-Op/Mgr		1-Mail		098	100	785	921	407	408	9906	9916
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 \_\_\_\_\_

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 number is 0535-0002. The time required to complete this information collection is estimated to average 5 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.