TOBACCO INQUIRY – AUGUST NEW ENGLAND Master Copy



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 estimates of tobacco to be published in the August 12 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 in combination with similar reports from other producers. Response is **voluntary**.

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

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 tobacco crops. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. (*Exclude* tobacco acres leased to others.)

		XXX
CIGAR BINDER CT VALLEY BROADLEAF TOBACCO (TYPE 51)		
Harvested and to be harvested (record to the nearest tenth of an acre)	Acres	·
Expected yield	_bs. Per Acre	ууу
CIGAR WRAPPER CT VALLEY SHADE-GROWN TOBACCO (TYPE 61)		xxx
Harvested and to be harvested (record to the nearest tenth of an acre)	Acres	•
Expected yield	.bs. Per Acre	ууу
OTHER TOBACCO (Please Specify Type)		xxx
Harvested and to be harvested (record to the nearest tenth of an acre)	Acres	•
Expected yield	.bs. Per Acre	ууу
COMMENTE: Diagon report the condition of the grap new on compared with permit growth and vitality		vocat at this time if

COMMENTS: Please report the condition of the crop now as compared with normal growth and vitality you would expect at this time, if there were no damage from unfavorable weather, insects, disease, etc. (Use reverse side if necessary)

SURVEY RESULTS : To receive the complete results of this survey on the			099
release date, go to <u>www.nass.usda.gov/results/</u> .			
Would you rather have a brief summary mailed to you at a later date?	1 Yes	₃No	

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Respondent Nam	e:			PI	none: ()				Date:			_
OFFICE USE ONLY													
Response	Response Respondent Mode		Enum	Eval.	Change		Optional Use						
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	785	921	407	408	9906	9916

2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est	2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail								
7-Off Hold – Est 8-Known Zero		7-Fax 8-CAPI								
S/E Name										

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