

TOBACCO INQUIRY – OCTOBER 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 October 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.)

CIGAR BINDER CT VALLEY BROADLEAF TOBACCO (TYPE 51)		xxx	
Harvested and to be harvested (record to the nearest tenth of an acre)	Acres		. ____
Expected yield	Lbs. Per Acre	yyy	
Has harvest been completed?	Yes = 1	No = 3	zzz
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	Lbs. Per Acre	yyy	
Has harvest been completed?	Yes = 1	No = 3	zzz
OTHER TOBACCO (Please Specify Type _____)		xxx	
Harvested and to be harvested (record to the nearest tenth of an acre)	Acres		. ____
Expected yield	Lbs. Per Acre	yyy	
Has harvest been completed?	Yes = 1	No = 3	zzz

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 release date, go to www.nass.usda.gov/results/.

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

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Respondent Name: _____	9911	9910	MM	DD	YY						
Phone: () _____		Date: _____									
OFFICE USE ONLY											
Response	Respoendent	Mode	Enum	Eval.	Change	Optional Use					
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901 1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902 1-Mail 2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI 19-Other	9903 098	100	785	921	407	408	9906	9916	
S/E Name _____											
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