

SWEET CHERRY INQUIRY

June 2009



NATIONAL
AGRICULTURAL
STATISTICS
SERVICE

Montana Field Office
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The information requested in this survey is needed to prepare a report on sweet cherry production in Montana this year. Response is voluntary and not required by law. However, your report is needed to make the estimates as accurate as possible, even if you do not expect any production.

Please complete and return this report in the enclosed envelope. Your individual report is confidential and used only with other reports for statistical purposes. Thank you very much for your cooperation.

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

REPORT FOR THE ORCHARDS(S) YOU OPERATE OR MANAGE (This is a forecast, please estimate.)

		Bearing	Non-Bearing
1. Number of Sweet Cherry Trees in your orchard.....	Trees	197	198
2. Number of acres in your orchard with bearing and non-bearing trees.....	Acres	199	200
3. Production in your orchards(s) as percent of a full crop of Sweet Cherries (Let 100 percent represent the full crop you would expect if there was favorable weather and no damage from insects or disease. Report only for those trees that are alive and have potential to bear fruit).....	Percent	201	
4. Quantity of Sweet Cherries expected to be harvested this year (2009) and harvested last year (2008)	Tons	202	203

REPORT FOR YOUR LOCALITY

5. Production in your locality as percent of a full crop of Sweet Cherries (Let 100 percent represent the full crop you would expect if there was favorable weather and no damage from insects or disease. Report only for those trees that are alive and have potential to bear fruit).....	Percent	204
6. Would you like to receive a copy of the results of this survey in the mail? (The survey results will also be available on the Internet at http://www.nass.usda.gov .)	Code	099

7. Please comment about the condition and prospects for **Sweet Cherries** in your locality this year:
(Use reverse side if necessary; consider conditions of trees, winter injury, damage from spring freezes, insect and disease damage, moisture conditions, character of bloom, and weather during pollination.)

Respondent Name: _____ Phone: _____ Date: _____

9910 MM DD YY
Date: _____

For office use only									
Response			Respondent		Mode		Enum.	Eval.	
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

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