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

## OMB No. 0535-0039 Approval Expires 1/31/2010

## CHERRY INQUIRY June 2009

COUNTS



New York Field Office 10B Airline Drive Albany, NY 12235-1004 Phone: 518-457-5570 Fax: 1-800-591-3834 Email: nass-ny@nass.usda.gov

The information requested in this survey is needed to forecast production of the **2009** cherry crop. 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.

**REPORT FOR THE ORCHARD(S) YOU OPERATE OR MANAGE** 1. Expected production of cherries in your orchard(s) as percent of a full crop. **Tart Cherries** Sweet Cherries 220 230 (Let 100 percent represent the full crop you would expect if there was favorable weather and no damage from insects or disease.)..... Percent 315 415 Quantity of cherries expected for harvest this year (2009)..... Pounds 2. 410 310 Total quantity harvested last year (2008).....Pounds 3. Ι 1 4. Probable date harvest will begin..... Month/Day Would you like to receive a copy of the results of this survey in the mail? 5. (The survey results will also be available on the Internet at http://www.nass.usda.gov). Code Yes [Enter code 1.] 099 No [Enter code 3.] Please COMMENT about the condition and prospects for the Cherry Crop in your locality this year: Consider conditions of trees, winter injury, damage from spring freezes, insect and disease damages, moisture conditions, character of blooms, and weather deterring pollination.(Use reverse side if necessary) OFFICE USE B20 420 9910 MM DD YY Respondent Name: Phone: Date: <u>09</u>

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 <b>1</b>	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

According to the Paperwork Reduction Act of 1995, an agency many 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 0535-0039. The time required to complete this information collection is estimated to average 15 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.