

<SEASON> SEASON POTATO FORECAST – Master Copy



NATIONAL AGRICULTURAL STATISTICS SERVICE

**NOTE: Season refers to time of harvest.
Seasons for this survey include:
Summer Harvest: conducted in July and September
Spring Harvest: conducted in May**

North Carolina Field Office
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Raleigh, NC 27611
Phone: 1-800-437-8451
Fax: 919-856-4139
Email: nass-nc@nass.usda.gov

Information requested in this survey is used to prepare estimates of <SEASON> potatoes planted for harvest in <CROP YEAR>. 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.

REPORT FOR THE FARM(S) YOU OPERATE
(Include land rented or leased from others)

1. How many acres of <SEASON> potatoes were **planted** on this operation in <CROP YEAR>... Acres
2. How many acres of <SEASON> potatoes are expected to be **harvested** on this operation in <CROP YEAR>? Acres
3. What is the expected **Yield** per acre?..... Cwt per Acre
OR Bbls per Acre

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

Respondent Name: _____	9911 Phone: (____) _____	9910 MM DD YY Date: _____
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OFFICE USE ONLY													
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		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 10 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.