

## TOBACCO INQUIRY – AUGUST NEW ENGLAND Master Copy



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

**New England Field Office**  
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 Concord, NH 03301  
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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.)**

**CIGAR BINDER CT VALLEY BROADLEAF TOBACCO (TYPE 51)**

Harvested and to be harvested (record to the nearest tenth of an acre) . . . . .

Expected yield . . . . .

	xxx
<b>Acres</b>	. ____

	yyy
<b>Lbs. Per Acre</b>	

**CIGAR WRAPPER CT VALLEY SHADE-GROWN TOBACCO (TYPE 61)**

Harvested and to be harvested (record to the nearest tenth of an acre) . . . . .

Expected yield . . . . .

	xxx
<b>Acres</b>	. ____

	yyy
<b>Lbs. Per Acre</b>	

**OTHER TOBACCO (Please Specify Type \_\_\_\_\_)**

Harvested and to be harvested (record to the nearest tenth of an acre) . . . . .

Expected yield . . . . .

	xxx
<b>Acres</b>	. ____

	yyy
<b>Lbs. Per Acre</b>	

**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/](http://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 Phone: ( ) _____	9910 MM DD YY Date: _____											
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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 7-Off Hold – Est 8-Known Zero		2-Sp 3-Acct/Bkpr 4-Partner 9-Oth		2-Tel 3-Face-to-Face 4-CATI 5-Web 6-e-mail 7-Fax 8-CAPI									
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