

CITRUS INQUIRY – APRIL

OMB No. 0535-0039
 Approval Expires: 6/30/2013
 Project Code: xxx QID: xxxxxx
 SMetaKey: xxxx



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

U.S. Department of Agriculture
 NOC Division
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 St. Louis, MO 63132-1547
 Phone: 1-888-424-7828
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 nass@nass.usda.gov

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

Information requested in this survey is used to prepare estimates of selected agricultural commodities. 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**.

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 control number for this information collection is 0535-0039. 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.

REPORT FOR THE GROVE(S) WHICH SUPPLY YOUR OPERATION

1. Citrus utilization for the 2012 / 2013 season.

Variety	Box Weight	Total number of boxes expected to pack for the season	Number of equivalent boxes going to Processing	Comment on the size and quality of fruit
Lemons.....				
Tangerines & Tangelos.....				

2. What **percent** of the following crops have been **harvested** at this time?

Lemons	Tangerines & Tangelos

3. Please report what **percent** of your 2012-13 crop you expect to **utilize** based on your evaluation of current market conditions, damage from unfavorable weather conditions, insects, diseases, etc.

Lemons	Tangerines & Tangelos

4. General Comments: (Major activities, unusual weather conditions, insect or disease problems, etc.)

OFFICE USE ONLY

Response	Respondent	Mode	Enum.	Eval.	Change	Office Use for POID						
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	785	789			
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					Optional Use			
7-Off Hold – Est				7-Fax					407	408	9906	9916
8-Known Zero				8-CAPI								
				19-Other								
							R. Unit					
							921					

S/E Name _____

Survey Results: To receive the complete results of this survey on the release date go to <http://www.nass.usda.gov/results>

Would you rather have a brief summary mailed to you at a later date? 1 Yes 3 No 099

This completes the survey. **Thank you for your help.**

Respondent Name:	9911 Phone:	9910 MM DD YY Date:
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