

# CITRUS INQUIRY - OCTOBER

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  
 9700 Page Avenue, Suite 400  
 St. Louis, MO 63132-1547  
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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 Packing Operation

1. Variety	Box Weight	Number of boxes packed by Oct 1, 2012	Total number of boxes expected to pack for the 2012/2013 season	Equivalent boxes going to Processing out of Total Available	Comment on the size and quality of fruit
Lemons.....					
Tangerines & Tangelos....					

### 2. Please report the acres of citrus by County.

	Maricopa	Pinal	Yuma	Other
Lemons.....				
Tangerines & Tangelos....				

### 3. General Comments (Labor issues, unusual weather conditions, insect or disease problems, etc.)

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**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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#### OFFICE USE ONLY

Response	9901	Respondent	9902	Mode	9903	Enum.	Eval.	Change	Office Use for POID			
1-Comp		1-Op/Mgr		1-Mail		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								
7-Off Hold - Est				7-Fax								
8-Known Zero				8-CAPI								
				19-Other								
							<b>R. Unit</b>		407	408	9906	9916

S/E Name \_\_\_\_\_