CITRUS PRICES INQUIRY

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
Phone: 1-888-424-7828
FAX: 314-595-9990
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 20 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.

CITRUS PRICES: PARTICIPATION AND COOPERATIVE PROCESSED FRUIT
2011-2012 SEASON

PLANT:

CONTACT PERSON:

Fruit Types	Boxes	Solids		Price per lb. solid[1/]	Price per Box		
		Total	Avg.		Gross	Less deducts	Net

[1/] Indicate if price is gross or net. Net if all charges including advertising taxes have been removed.

Continue on back if additional space is needed.

Fruit Types	Boxes	Solids		Price per lb. solid[1/]	Price per Box		
		Total	Avg.		Gross	Less deducts	Net

[1/] Indicate if price is gross or net. Net if all charges including advertising taxes have been removed.

COMMENTS:

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:

OFFICE USE ONLY

Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	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 **R. Unit** 921	785	789

Optional Use			
407	408	9906	9916

S/E Name