

# CITRUS PACKINGHOUSE INQUIRY

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



**NATIONAL  
 AGRICULTURAL  
 STATISTICS  
 SERVICE**

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 NOC Division  
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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 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.

<b>PACKINGHOUSE:</b>			
<b>CONTACT PERSON:</b>			
<b>FLORIDA CITRUS 2012-2013 SEASON</b>			
4/5 Bushel Equivalent Cartons			
	Cartons	\$/Carton	Average Packout (%)
<b>Navel</b>		\$	%
<b>Other E&amp;M Oranges</b>		\$	%
<b>Valencia</b>		\$	%
<b>White Sdls. Grapefruit</b>			
Domestic		\$	%
Export		\$	%
Or All Sales		\$	%
<b>Colored Sdls. Grapefruit</b>			
Domestic		\$	%
Export		\$	%
Or All Sales		\$	%

**(OVER)**

	FLORIDA CITRUS 2012-2013 SEASON		
	4/5 Bushel Equivalent Cartons		
	Cartons	\$/Carton	Average Packout (%)

<b>Temples</b>		\$	%
<b>Tangelos</b>		\$	%
<b>Tangerines</b>			
Fallglo		\$	%
Sunburst		\$	%
Honey		\$	%
Or All Sales		\$	%

**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?  Yes  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.	098	Eval.	100	Change	785	Office Use for POID			
1-Comp		1-Op/Mgr		1-Mail								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				<b>R. Unit</b>							
6-Inac – Est				6-E-mail				921				407	408	9906	9916
7-Off Hold – Est				7-Fax											
8-Known Zero				8-CAPI											
				19-Other											

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