

# CITRUS INQUIRY - JANUARY

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



**NATIONAL  
 AGRICULTURAL  
 STATISTICS  
 SERVICE**

(Managed by your operation and grown in  
 California)

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 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.

Please report for the acreage and expected production of the crops listed that are **managed by your operation and grown in California**.

Variety	2012-2013 Crop		
	Bearing Acreage	Expected Number of Containers Produced	Pounds Per Container
Navel Oranges			
Valencia Oranges			
All Lemons			
Grapefruit			
Mandarins, Tangerines and Tangelos			

**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:
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**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					<b>Optional Use</b>			
7-Off Hold – Est				7-Fax					407	408	9906	9916
8-Known Zero				8-CAPI								
				19-Other								
							R. Unit					
							921					

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