CITRUS INQUIRY - APRIL

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





NATIONAL AGRICULTURAL STATISTICS SERVICE

(Grown on your California Operation)

U.S. Department of Agriculture NOC Division 9700 Page Avenue, Suite 400 St. Louis, MO 63132-1547 Phone: 1-888-424-7828

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 grown on your California operation.

	2012-2013 Crop							
Variety	Bearing Acreage	Expected Number of Containers Produced	Pounds Per Container					
Navel Oranges								
Valencia Oranges								
All Lemons								
Grapefruit & Pummelos								
Mandarins (include Tangerines & 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? $_1\square$ Yes $_3\square$ No This completes the survey. Thank you for your help.								
	9911	9910 MM	DD	YY				
Respondent Name:	Phone:	Date:						

OFFICE USE ONLY

Response	•	Respond	lent	Mode		Enum.	Eval.	Change		Office Us	e 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	407	Option 408	nal Use 9906	9916

S/E Name