

CITRUS INQUIRY - OCTOBER

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
 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**.

Variety	2011-2012 Crop			2012-2013 Crop		
	Bearing Acreage Harvested	Number of Containers Produced	Pounds Per Container	Bearing Acreage to be Harvested	Expected Number of Containers Produced	Pounds Per Container
Navel Oranges						
Valencia Oranges						
Tangerines (Mandarins and Tangelos)						
Grapefruit and Pummelos						
All Lemons						

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	9901	Respondent	9902	Mode	Enum.	Eval.	Change	Office Use for POID				
1-Comp		1-Op/Mgr		1-Mail	9903	098	100	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				R. Unit				
7-Off Hold – Est				7-Fax								
8-Known Zero				8-CAPI								
				19-Other				921	407	408	9906	9916

S/E Name _____