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| **CITRUS PROCESSORS INQUIRY** |

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|  | | | OMB No. 0535-0039  Approval Expires: 6/30/2013  Project Code: xxx QID: xxxxxx  SMetaKey: xxxx | |
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| **SURVEY_LOGO_1:USDA_logo_bw.gif** | |
|  |  |  | new_nass_logo_bw | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |

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|  |  |  |  |  |  | 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 |
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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 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. | | | | | | |

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| **PLEASE REPORT BOXES PROCESSED AND TO BE PROCESSED BY YOUR FIRM THIS SEASON** | | | |
| **Fruit type** | **Quantity received through May 31** | **Estimated quantity remaining** | **Total quantity** |
| Valencia Oranges |  |  |  |
| White Grapefruit |  |  |  |
| Colored Grapefruit |  |  |  |
|  |  |  |  |
|  | | | |

**COMMENTS:**

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| **Survey Results:** To receive the complete results of this survey on the release date go to <http://www.nass.usda.gov/results> | |
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| Would you rather have a brief summary mailed to you at a later date? 1 **Yes** 3 **No**  This completes the survey. **Thank you for your help**. | 099 |

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| Respondent Name: | 9911    Phone: | 9910 MM DD YY    Date: |

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| **OFFICE USE ONLY** | | | | | | | | | | | | | | | |
| **Response** | | **Respondent** | | **Mode** | | **Enum.** | **Eval.** | **Change**  785 | | **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 | 785 | | 789  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | | |
|  | | | | | |
| **R. Unit** | **Optional Use** | | | | | |
| 921 | 407 | 408 | | 9906 | 9916 | |
| S/E Name | | | | | |  |  | |  | | |  | | |