|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HAY PRICE INQUIRY -** **January 1, 2016** | | | | | |
|  | | | OMB No. 0535-0003  Approval Expires: 5/31/2016  Project Code: 178 QID: 090154  SMetaKey: 3336 | | |
|  | | |
|  | | | **SURVEY_LOGO_1:USDA_logo_bw.gif** | | **United States**  **Department of**  **Agriculture** |
|  |  |  | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **USDA/NASS - Michigan**  Great Lakes Region  PO Box 30239Lansing, MI 48909-9983  Phone: 1-800-453-7501  Fax: 1-855-270-2709  E-mail: NASSRFOGLR@nass.usda.gov |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please make corrections to name, address and ZIP code, if necessary. | | | | | | | | |
|  | | | | | | | | |
| The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of  Title V, Subtitle A, Public Law 107–347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term,  a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. 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 is 0535-0003. 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. | | | | | | | | |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Was any Michigan Grown baled hay purchased from other farmers or sold by you at any time during **December**, **2015**? | | | | | |
| □ **Yes** [Go to **item2.**] | | | □ **No** Please sign and return this report in the enclosed envelope. | | **OFFICE USE** |
| 001 |
|  |  |  | |  |

|  |
| --- |
| 2. Please report the quantity of Michigan grown baled hay purchased from other farmers or sold by you during the month and the total dollars paid or received for the quantity reported. |
| * **Exclude** all hay purchased from dealers or any source other than farmers. * **Include** any size or type of bale but **exclude** hay bought or sold as standing hay. * Report total dollars paid or received regardless of whether the price is at seller’s farm or delivered. |
|  |

|  |  |  |
| --- | --- | --- |
|  | Michigan Grown Hay Purchased From Other Farmers  Or Sold By You During December 2015 | |
| Dry Hay, Baled | Quantity Purchased or Sold  (**Tons**) | **Total** **Dollars** Paid or Received For Quantity Reported |

|  |  |  |
| --- | --- | --- |
| **ALFALFA** and Alfalfa Mixtures. . . . . . . . . . . . . . . . . . . . . | 289 | 181  **$** |
| **OTHER HAY**, including fescue, clover, bermuda, sudan, sudan crosses, lespedeza, bahia, timothy, grain, ryegrass, other grass, other tame, and wild hays. . . . . . . . . . . . . . . | 319 | 187  **$** |

**-- Please Complete Reverse Side --**

|  |  |
| --- | --- |
| **Comments**: |  |
|  |  |

|  |
| --- |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **SURVEY RESULTS**: To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results/. | | |
| Would you rather have a brief summary mailed to you at a later date? | 1 **Yes** 3 **No** | 9990 |

|  |  |  |
| --- | --- | --- |
|  | | |
| Respondent Name: | 9911  Phone: ( ) | 9910 MM DD YY  Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **This completes the survey. Thank you for your help.** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Office Use Only** | | | | | |  |  |  | | | | |
| **Response** | | **Respondent** | | **Mode** | | **Enum.** | **Eval.** | **R. Unit** | **Change** | **Office Use for POID** | | | | |
| 1-Comp  2-R  3-Inac  4-Office Hold  5-R – Est  6-Inac – Est  7-Off Hold – Est | 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 | 9998 | 9900 | 9921 | 9985 | 9989  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | |
|  | | | | |
| **Optional Use** | | | | |
| 9907 | 9908 | | 9906 | 9916 |
| S/E Name | | | | | |  |  | | |  | |  | | |