CITRUS PRICES INQUIRY

OMB No. 0535-0039 Approval Expires: 8/31/2016

Project Code: 133





NATIONAL AGRICULTURAL STATISTICS SERVICE

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Please make corrections to name, address and ZIP Code, if necessary.

March 18, 2016

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.

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2014-2015 SEASON CITRUS PRICES: PARTICIPATION AND COOPERATIVE PROCESSED FRUIT
PLANT:
CONTACT PERSON:
Oranges Priced as of Week of Delivery (Part B)

Fruit Types	Boxes	Pounds Solids		Price per	Price per Box				
		Total	Avg.	Price per lb. solid ^{1/}	Gross	Less deducts	Net		

$^{1/}$ Indicate if price is gross or net. Net if all charges including advertising taxes have been removed.
Complete back side where applicable

2014-2015 SEASON CITRUS PRICES: PARTICIPATION AND COOPERATIVE PROCESSED FRUIT												
PLANT:												
CONTACT PER	RSON:											
Grapefruit -	-Non	Priced or _	Oran	ges –Non Pri	iced							
No final or i	ntern	nediate prid	cing, c	co-pack, etc	or	<u>Co-o</u>	perativ	es, proce	ssor/e	mployee	owned,	etc.
Fruit Types	Вохе		Pounds 9	Solids	Pric	e per	Price per Box					
		es	Total	Avg.		lb. solid ^{1/}	Gross		Less deducts	N	et	
^{1/} Indicate if pric	ce is gr	oss or net. Ne	t if all c	harges including	g adverti:	sing taxes	have be	en removed				
COMMENTS:												
Survey Resul	ts: To	receive the	compl	ete results of t	his surv	ey on the	e release	e date go to	http://	www.nass.	usda.gov	<u>//results</u>
Would you rather have a brief summary mailed to you at a later date? $_1 \square$ Yes $_3 \square$ No 099												
This completes the survey. Thank you for your help.												
					9911					9910 r	nm / dd / y	y
Respondent Name:					Phone:					Date:		
OFFICE USE ONLY												
Response Respondent Mode				0000	Enum.	Eval.	Change		Office Us	e for POID		
1-Comp 2-R 3-Inac	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr	9902	1-Mail 2-Tel 3-Face-to-Face	9903	098	100	785	789			
4-Office Hold 5-R – Est		4-Partner 9-Oth		4-CATI 5-Web								
6-Inac – Est 7-Off Hold – Est		5 041		6-E-mail 7-Fax			R. Unit	-	407	Optional Use		
8-Known Zero				8-CAPI 19-Other			921		407	408	9906	9916
S/F Name	I		I	1	1		I				l	