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| **CITRUS PROCESSORS INQUIRY** |

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|  | | | | | | | | OMB No. 0535-0039  Approval Expires: 08/31/2016  Project Code: 133 | | |
|  | | | | | | | |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | | |
|  |  | | | |  | | | new_nass_logo_bw | | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  | |  |  |  | |  |  | | U.S. Department of Agriculture  2290 Lucien Way, Suite 300  Maitland, FL 32751  Phone: 800-344-6277  Fax: 855-271-9801  E-mail: nass-fl@nass.usda.gov | | |
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| Please make corrections to name, address and ZIP Code, if necessary.  The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws. For more information on how we protect your information please visit: https://www.nass.usda.gov/confidentiality. 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** | **Estimated quantity received through April 30** | **Estimated quantity remaining** | **Total quantity** |
| Valencia Oranges |  |  |  |
| White Grapefruit |  |  |  |
| Red Grapefruit |  |  |  |
|  | | | |

**COMMENTS:**

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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 | | | | | |  |  | |  | | |  | | |