CITRUS PRICES INQUIRY

OMB No. 0535-0039 Approval Expires: 10/31/2019 Project Code: 133







NATIONAL AGRICULTURAL STATISTICS SERVICE

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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.**

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2018-2019 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

2018-2019 SEASON CITRUS PRICES: PARTICIPATION AND COOPERATIVE PROCESSED FRUIT												
PLANT:												
CONTACT PE	RSON:											
Grapefruit -Non Priced or Oranges -Non Priced												
No final or intermediate pricing, co-pack, etc or <u>Co-operatives, processor/employee owned, etc.</u>												
Fruit Types				Pounds S	Solids	Price p	e ner	ner	Price per Box			
	Boxe	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	adverti	sing taxes	have be	en removed				
COMMENTS:												
Survey Resul	l ts: To	receive the	compl	ete results of t	his surv	ev on the	e release	e date go to	o http://v	www.nass.	usda.gov	/results
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												
This completes the survey. Thank you for your help.												
					9911					9910 mm / dd / yy		
Respondent Name:					Phone: Date:							
<u> </u>												
OFFICE USE ONLY												
Response Respondent Mode						Enum.	Eval.	Change	Office Use for POID			
1-Comp 2-R	9901	1-Op/Mgr 2-Sp	9902	1-Mail 2-Tel	9903	098	100	785	789			
3-Inac 4-Office Hold		3-Acct/Bkpr 4-Partner		3-Face-to-Face 4-CATI								
5-R – Est 6-Inac – Est	ıc – Est 6-E-mail		6-E-mail			R. Unit		Optional Use				
7-Off Hold – Est 8-Known Zero				7-Fax 8-CAPI 19-Other			921	_	407	408	9906	9916
S/F Name												