

AG YIELD SURVEY – JUNE 2017

OMB No. 0535-0213
 Approval Expires: 6/30/2017
 Project Code: 128 QID: 030050
 SMetaKey: 3629 Version 17



USDA/NASS - Illinois
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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 to this survey 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 number is 0535-0213. 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.

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

State	POIN	Tract	Subtr
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If you no longer operate this farm or ranch go to Section 2.

SECTION 1 - CROP ACREAGE and YIELD

Please report the acres for harvest and yield per acre you expect to harvest from the total acres you operate for the following crop. If harvest is not complete, make your best estimate of the final yield for all acres harvested and to be harvested. (**Exclude** information for land rented to others.)

			TOTAL CROP
WINTER WHEAT			541
Harvested and to be harvested (grain and seed only)	Acres		
Expected yield for grain and seed	Bu. Per Acre		151
Has harvest been completed?	Yes=1 No=3 ..		980

SECTION 2 – CONCLUSION

If you no longer operate this farm or ranch, please provide the name and address of the new operator.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

COUNTY: _____ **PHONE:** _____

Survey Results: To receive the complete results of this survey on the release date, go to http://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/

Would you rather have a brief summary mailed to you at a later date? Yes = 1 No = 3 . . . 9990

Respondent Name: 9911 9910 MM DD YY

Phone: () --

This completes the survey. **Thank you for your help.**

OFFICE USE ONLY

Response	Respondent	Mode	Enum.	Eval.	Chang	Office Use for POID
1-Comp	9901 1-Op/Mgr	1-Mail	9903 9998	9900	9985	9989
2-R	2-Sp	2-Tel				
3-Inac	3-Acct/Bkpr	3-Face-to-Face				

4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est
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4-Partner
9-Oth

4-CATI 5-Web 6-E-mail 7-Fax 8-CAPI 19-Other
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R. Unit

9921

Optional Use			
9907	9908	9906	9916

S/E Name
