

# CITRUS TREE INVENTORY

## REQUEST FOR PROPERTY INFORMATION – January 1, 2018

OMB No. 0535-0088  
 Approval Expires:  
 Project Code: ??? QID:  
 SMetaKey:



**USDA/NASS - Florida**  
 Southern Region  
 2290 Lucien Way, Suite 300  
 Maitland, FL 32751  
 Phone: 1-800-334-6277  
 Fax: 1-855-271-9801  
 E-mail: NASSRFOSOR@nass.usda.gov

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 0535-0088. The time required to complete this information collection is estimated to average 20 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.

Dear Grower, In order to obtain grove property citrus tree counts, list in the table below the information requested. Use one line for each different property that you own. Information can only be released to property owners or their authorized agents with signed permission from the owner. You will receive a picture of the section or sections listed. Circle your property and return the picture to the aerial photography section of the Florida Field Office by mail or fax. Tree counts will be returned to you as soon as possible given time and resource availability of Florida Field Office employees.

Please list name of authorized agent if you would like counts released to them.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have any questions, call: Tel: (407) 691-3605 Fax: 1-855-271-9801.

1. Please complete the below table for each property owned by the owner.

County	Grove Name	Section	Township	Range

2. Please complete the statement below.

I, \_\_\_\_\_, certify that I am the owner or authorized agent of the owner of the above listed properties and request citrus tree counts for these properties.

\_\_\_\_\_  
Signature

**Comments:**

Respondent Name: _____	9911 Phone: _____	9910 MM DD YY Date: _____
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This completes the survey. **Thank you for your help.**

**OFFICE USE ONLY**

Response		Respondent		Mode		Enum.	Eval.	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-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989			
							<b>R. Unit</b>					
							9921		<b>Optional Use</b>			
									9907	9908	9906	9916
S/E Name												