

OMB No. 0535-0039  
Approval Expires: ??/??/20??  
Project Code: 133



**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

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 and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 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 30 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.

## 20XX-20XX SEASON CITRUS PRICES: PARTICIPATION AND COOPERATIVE PROCESSED FRUIT

PLANT:

CONTACT PERSON:

**Oranges Priced as of Week of Delivery (Part B)**

[illegible]

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<sup>1/</sup> Indicate if price is gross or net. Net if all charges including advertising taxes have been removed.

Complete back side where applicable

PLANT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

No final or intermediate pricing, co-pack, etc or Co-operatives, processor/employee owned, etc.

[illegible]

**COMMENTS:**

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.**

099

|                  |        |                      |
|------------------|--------|----------------------|
| Respondent Name: | 9911   | 9910    mm / dd / yy |
|                  | Phone: | Date:                |

| OFFICE USE ONLY  |      |             |      |                |      |       |         |        |                     |     |      |      |
|------------------|------|-------------|------|----------------|------|-------|---------|--------|---------------------|-----|------|------|
| Response         |      | Respondent  |      | Mode           |      | Enum. | Eval.   | Change | Office Use for POID |     |      |      |
| 1-Comp           | 9901 | 1-Op/Mgr    | 9902 | 1-Mail         | 9903 | 098   | 100     | 785    | 789                 |     |      |      |
| 2-R              |      | 2-Sp        |      | 2-Tel          |      |       |         |        |                     |     |      |      |
| 3-Inac           |      | 3-Acct/Bkpr |      | 3-Face-to-Face |      |       |         |        |                     |     |      |      |
| 4-Office Hold    |      | 4-Partner   |      | 4-CATI         |      |       |         |        |                     |     |      |      |
| 5-R – Est        |      | 9-Oth       |      | 5-Web          |      |       |         |        |                     |     |      |      |
| 6-Inac – Est     |      |             |      | 6-E-mail       |      |       | R. Unit |        |                     |     |      |      |
| 7-Off Hold – Est |      |             |      | 7-Fax          |      |       | 921     |        |                     |     |      |      |
| 8-Known Zero     |      |             |      | 8-CAPI         |      |       |         |        |                     |     |      |      |
|                  |      |             |      | 19-Other       |      |       |         |        | 407                 | 408 | 9906 | 9916 |

S/E Name