

SUGARBEET INQUIRY - MARCH 2025

OMB No. 0535-0002
Approval Expires: xx/xx/20xx
Project Code: 198
Survey ID: 3795



**United States
Department of
Agriculture**



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

USDA/NASS

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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 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 0535-0002. 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 answer the following question(s) for the firm name label above.

1. COMMENTS about the number of sugarbeet acres to be planted in 2025 in each state from which this operation will contract or grow sugarbeets.

2. Please report the number of sugarbeet acres to be planted in 2025 in each state from which this operation will contract or grow sugarbeets.

STATE	ACRES TO BE PLANTED
274	270
274	270
274	270

(OVER)

4. **SURVEY RESULTS:** To receive the complete results of this survey on the release date, go to nass.usda.gov/results

To have a brief summary emailed to you, please enter your email address:
1095

Operation Email (if different from above) Operation Phone:

9937	9936	check if cell phone <input type="checkbox"/>
	()	

Respondent Name: Respondent Phone (if different from above)

9912	9911	check if cell phone <input type="checkbox"/>	9910 MM DD YY
	()		Date: _____

This completes the survey. Thank you for your help.

OFFICE USE ONLY											
Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID		
1-Comp	9901	1-Op/Mgr	9902	1-PASI (Mail)	9903	9998	9900	9985	9989		
2-R		2-Spouse		2-PATI (Tel)			_____ - _____ - _____				
3-Inac		3-Acct/Bkpr		3-PAPI (Face-to-Face)							
4-Office Hold		4-Partner		6-Email							
5-R – Est		9-Other		7-Fax							
6-Inac – Est				19-Other							
7-Off Hold – Est											
							R. Unit	Optional Use			
							9921	9907	9908	9906	9916
S/E Name											