

SUGARCANE INQUIRY – June 2018

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**United States
 Department of
 Agriculture**



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

USDA/NASS – Texas
 Southern Plains Region
 PO Box 70
 Austin, TX 78767-0070
 Phone: 1-800-626-3142
 Fax: 1-855-270-2725
 e-mail: NASSRFOSPR@nass.usda.gov

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**.

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 15 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.

REPORT FOR THE ACRES YOU OPERATE OR MANAGE

- How many acres of sugarcane do you expect to harvest for **sugar** for the 2018 – 2019 season? .
- How many acres of sugarcane do you expect to harvest for **seed** for the 2018 – 2019 season? . .
- COMMENTS about the **2018 - 2019 season** sugarcane crop are appreciated:

Acres
722 . ____
725 . ____

- SURVEY RESULTS:** To receive the complete results of this survey on the release date, go to https://www.nass.usda.gov/Surveys/Guide_to_NASS_Surveys/

To have a brief summary emailed to you at a later date, please enter your email address:

Would you rather have a brief summary mailed to you at a later date? 9990 **Yes** **No**

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

OFFICE USE

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