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| H:\GROUPS\PUBLISH\GRAPHICS\nass_print_logo_bw.tiff | NATIONALAGRICULTURALSTATISTICSSERVICE | **Contract Hog Information Form****December 2023** |  | Form Approved |
|  | O.M.B. Number 0535-0140 |
|  | Approval Expires XX/XX/XXXX |
|  | Project Code 164 |
|  |
| **USDA NASS Michigan Field Office** |  | Dear Producer:The information on this form is requested to update our list of hog contractee operations for the 2027 Census of Agriculture. NASS collects the quarterly Hog Report data from the contractors, which are used to set State level inventory estimates. The Census of Agriculture collects hog inventory from the contractees so the hogs can be counted in the county where they are located.  |
| 3001 Coolidge Rd., Suite 400 |  |
| East Lansing, MI 48823 |  |
| 517-324-5300 | Fax 855-270-2709 |  |
| E-mail: nassrfoglr@nass.usda.gov |  |
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| Please make corrections to your name, address and Zip Code, if necessary.

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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 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 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 complete the table below for each of your contractees.Please return the form with the Hog Report. |
|  |
| **Operation/Operator Name and Address** | **Current Number Of Hogs****Contracted** | **County Where****Hogs Are****Located** |
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| (Please continue on back if additional room is needed) |
| Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contract Hog Information Form (continued)** |
| **Operation/Operator Name and Address** | **Current Number of Hogs Contracted** | **County Where Hogs Are Located** |
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