

TOURIST TAX - DECLARATION OF CERTIFICATION / AFFIDAVIT - EXEMPTION FOR ASSISTANCE

(Article 6, paragraph 2, of the Regulation on Tourist Tax of the Municipality of Abbadia San Salvatore approved by Town Council Resolution No. 97 of 21/12/2017)

THE UNDERSIGNED _____

BORN IN _____ PROV. _____

THE DATE OF ____/____/____ RESIDENT IN _____ PROV. _____

ADDRESS _____ NO. _____ ZIP CODE _____

TEL _____ EMAIL _____

TAX CODE																			
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aware of the penal sanctions provided for duplicity or false declarations as foreseen by article 76 of DPR 445/2000

HEREBY DECLARES

TO HAVE BEEN ACCOMMODATED FROM _____ TO _____ AT THE ACCOMMODATION FACILITY _____

FOR PURPOSES OF HEALTHCARE ASSISTANCE FOR AN INDIVIDUAL ADMITTED AT THE HEALTHCARE FACILITY

Patient name / surname _____

TAX CODE																			
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The undersigned has rendered the above declarations, choices and information in full awareness of the penal sanctions provided for duplicity and false declarations, as foreseen by article 76 of DPR 445/2000, and is aware that untruthful declarations shall disqualify him/her for the benefits of the measure issued on the basis of the declaration, as foreseen by article 75 of DPR 445/2000.

The present statement is based on articles 46 and 47 of DPR no. 445 of 2000, as modified.

Informative report ex art. 13 Leg. Decree No. 196/2003 for the handling of personal data

In observance of the provisions of article 13 of Leg. Decree 30th June 2003, no. 196, the Municipality of Abbadia San Salvatore, in its legal capacity as Data Controller and Data Processor for personal information, hereby informs you that the data you have provided will be handled (including the use of computerization) exclusively for purposes of the present proceeding in full accordance with the law. The manager of the accommodation facility is required to preserve this declaration for a period of five years in order to permit for the tax controls conducted by the Municipality of Abbadia San Salvatore in its capacity of data controller. Within the context of this processing, you are entitled to exercise the rights defined in article 7 of Leg. Decree no. 196/2003.

(place and date) _____

Acknowledgement _____

NOTES:

ATTACHMENTS: copy of valid identification of the declarant

DATE _____ SIGNATURE _____