

DECLARATION IN LIEU OF AFFIDAVIT TOURIST TAX EXEMPTION

(TO BE FILLED IN BY THE GUEST OF THE ACCOMMODATION FACILITY)

The undersigned _____ born / in
_____ on _____ resident in
_____ address
_____ no. _____ post code

HEREBY DECLARES

for the purposes of exemption from tax, to have stayed from _____ to _____ at
the accommodation facility _____

- to be a non self-sufficient disabled person with appropriate medical certification;
- to be an accompanying person for a non self-sufficient disabled person (not more than one accompanying person);
- to belong to the category of the local and State Police, to the other Armed Forces, to the National Fire Brigade, to the health personnel (specify the membership _____) and to stay for service reasons;
- to stay following measures taken by public authorities to deal with emergency situations resulting from disasters or extraordinary events and for humanitarian relief purposes.

I declare that I have the right to rely on the exemption in question. The undersigned has made the above statement aware of the criminal penalties for falsehood and false statements, provided by art. 76 of Presidential Decree 445/2000. This certification is in accordance with articles 46 and 47 of Presidential Decree n. 445/2000.

This declaration is given to the manager of the facility.

DATE _____

SIGNATURE _____

(Attach copy of identity document)