

TOURIST TAX
DECLARATION TO REFUSAL TO PAY TOURIST TAX
 (Regulation about tourist tax of the City of Camerota)

THE UNDERSIGNED _____

BORN IN _____ ON ____/____/____

COUNTRY _____

ADDRESS _____ N. _____

ZIP CODE _____ TEL _____ CELL _____

FAX _____

E-MAIL _____

FISCAL CODE																			
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AWARE AS PROVIDED BY LOCAL LAW AND IN PARTICULAR ARTICLES 6 AND 9 OF REGULATION ABOUT TOURIST TAX WITH RESPECT TO PAYMENT OF PENALTIES FOR FAILING

DECLARE

➤ TO OVERNIGHT FROM _____ TO _____ IN THE ACCOMODATION

DO NOT WANT TO FULLFILL THE PAYMENT OF SCHEDULED FOR THE FOLLOWING REASONS:

OBLIGATED BY LAW

INDICATE THE NAMES OF THE OTHER MEMBERS OF THE GROUP / FAMILY FOR WHICH MADE THE STATEMENT FOR THE SAME PERIOD

N.1 _____ N.2_

N.3 _____ N.4_

N.5 _____ N.6_

The amount of the tax not paid is shown below:

A	B	C	
Number of people	Total number of night	Daily tourist tax	Totale (AxBxC)
		€.....	€.....

The undersigned has made these declaration aware of the penalties provided for in case of falsehood and false declarations, as required by art. 76 of Presidential Decree 445/2000, and aware that in case of false statements loses the benefits resulting from the measure adopted on the basis of the statement, as required by art. 75 of Presidential Decree 445/2000.

This declaration is made in accordance to the art. 46 and 47 of Presidential Decree n. 445 of 2000, as amended.

INFORMATION pursuant to art. 13 Legislative Decree 196/2003 - Privacy Policy

I authorise the use of my personal data in compliance with Legislative Decree 196/03.

I authorise the processing of my personal data.

I hereby authorize the use of my personal details solely for circulation within the company in relation to the Italian Legislative Decree n° 196/2003

I hereby authorize the use of my personal details solely for circulation within the company according to the Italian Legislative Decree n° 196/2003

I authorise the handling of my personal data pursuant to the Personal Data Protection Code – Legislative Decree n. 196/2003.

I authorise the processing of my personal information under D.Lgs. 196/03.

I authorise the processing of my personal data for personnel research and selection purposes under D.Lgs. n.196 of 30/06/2003.

DATE _____

SIGNATURE

Il presente modello va conservato a cura della struttura ricettiva ed allegato in copia alla dichiarazione annuale completo di documento di riconoscimento del dichiarante.

Firma per presa visione
(titolare struttura ricettiva)

_____ (firma)