

	TOURIST TAX EXEMPTION CERTIFICATE	Code: Esen
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		Rif.: Doc. Supporto

MUNICIPALITY OF	CALASETTA (SU)
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THE UNDERSIGNED _____															
BORN IN _____ PROVINCE _____ ON ____/____/____															
RESIDENT IN _____ PROVINCE _____ IN _____															
STREET/SQUARE _____ N° _____ ZIP CODE _____															
TELEPHONE/MOBILE PHONE NUMBER _____															
E-MAIL _____															
Tax Code															

- ✓ Aware that with the City Council Resolution No. 1 of 29/01/2021 the Municipality of Calasetta has introduced the tourist tax provided with the art. 4 of Legislative Decree No. 23/2011. It is valid from 01st May 2021.
- ✓ Aware of the penal sanctions, in the case of untruthful declarations, formation or use of false documents, referred to in art. 76 of Presidential Decree No. 445 of 28 December 2000.

DECLARES

TO HAVE STAYED OVERNIGHT BY THE ACCOMODATION FACILITY NAMED _____

LOCATED IN STREET/SQUARE _____ N° _____ ZIP CODE _____

FROM DAY _____ TO DAY _____ AND TO BE EXEMPT FROM PAYING THE TOURIST TAX (mark the reason for the exemption)

- ☐ Residents in the municipality of Calasetta;
 - ☐ Minors who have not reached the fourteenth year of age and seniors aged seventy and over;
 - ☐ Patients who undergo medical examinations, treatment or therapy in day hospital at health facilities, as well as those who assist inpatients hospitalized at health facilities, on the basis of one companion per patient. In the case of sick children under 18 years old, both parents are exempt.
 - ☐ Persons staying in accommodation facilities as a result of measures taken by public authorities, to face situations of social character and emergency following disasters or events of an extraordinary nature or for humanitarian relief purposes;
 - ☐ Volunteers who offer their services in the city during environmental emergencies;
 - ☐ Coach drivers and tour guides who provide assistance to groups organized by travel and tourism agencies (exemption applies for each coach driver and one tour guide per 25 participants);
 - ☐ Member of State police and of other armed forces who are on duty;
 - ☐ Disabled people and dependent people together with maximum two accompanying people.

NOTES _____

ATTACHMENT: COPY OF THE DECLARANT'S ID CARD

DATE ____ / ____ / ____

SIGNATURE _____