**COMUNE DI BIBBONA**

**Province Livorno**

**Tourist tax**

**TOURIST TAX REMISSION**

***( Art. 3 of Tourist Tax enactment )***

GUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ province.\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_ resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_province. \_\_\_\_ street/square \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nr. \_\_\_\_\_

post code\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation c/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ number of guests . \_\_\_\_\_\_\_\_\_\_ number of nights. \_\_\_\_\_\_\_\_\_\_\_\_\_

***Declaration of entitlement of tourist tax remission for the following reason***

 *(please mark with a cross)*:

□ minor under 14 years of age;

□ family member of a person in hospital who is obliged to stay in an accommodation as from art. 1 for assistance.

□ person not resident in the municipality of Bibbona working in the municipality of Bibbona (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

□ person obliged by public authorities to stay in an accommodation for reasons as natural disasters or other of exceptional nature or to provide humanitarian aid

□ bus driver

□ courier that provides assistance to groups organized by travel agencies. (The exemption applies for a courier every 25 partecipants).

□ reliant disabled person

Personal data of carer:

Name Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_/\_\_\_/\_\_\_\_ resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_prov. \_\_\_\_ street/square

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_ tax number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For this purpose I produce adequate medical certificate.

*The undersigned has made this declaration in awareness of the penalities, provided by Art. 76 decree D.P.R. 445/2000, in case of deception or false statements.*

*This certification is issued in accordance of Art. 46 and 47, Dekrets D.P.R. 445/2000.*

*Place and date………………………………*

***Readable signature of the declaring person***

**.……………………………………..**