Vers. 3.1

Module 6

(to be kept by the manager of the accommodation facility

TOURIST TAX
STATEMENT FOR EXEMPTION – PERSON WITH DISABILITY

(Tourist Tax Regulation of the Municipality of Polignano a Mare)

THE UNDERSIGNED _____

Born in: _____PROV._____Date of birth__/__/__

Resident in _____PROV. _____

Street/Square _____N. _____Code _____

Phone _____Mobile_____FAX _____

E-MAIL _____

Tax Code																

Having stayed from _____ to _____ at the accommodation facility: _____

DECLARES

That he/she is a person with a disability under Law 104/1992 and requires permanent assistance.

The undersigned makes the above statements aware of the criminal penalties provided for in case of false statements, as established by Art. 76 of Presidential Decree 445/2000, and aware that, in the event of untruthful declarations, he/she will forfeit any benefits obtained based on this statement, as provided by Art. 75 of Presidential Decree 445/2000.

This declaration is made pursuant to Articles 46 and 47 of Presidential Decree No. 445/2000, as amended.

Privacy Notice – EU Regulation 2016/679 (G.D.P.R.)
In accordance with EU Regulation 2016/679, the Municipality of Polignano a Mare, as the legal entity acting as Data Controller and Data Processor, informs you that the personal data provided will be processed — including by electronic means — solely for the purposes of this procedure and within the limits established by law.
The accommodation provider is required to keep this declaration for five years, to allow tax inspections by the Municipality of Polignano a Mare, which acts as the data controller.
You may exercise your rights as set out in Articles 11–20 of EU Regulation 2016/679.

NOTE_____

ATTACHMENTS: Copy of the declarant's identity document

DATE _____ SIGNATURE

This form must be kept by the accommodation facility and attached in copy to the annual declaration, together with a copy of the declaration's identification document.

Signature for acknowledgment – accommodation provider _____