

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

THE UNDERSIGNED _____

BORN IN _____ ON ____/____/____

COUNTRY _____

ADDRESS _____ N. _____

ZIP CODE _____ TEL _____ CELL _____

FAX _____

E-MAIL _____

FISCAL CODE																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 EU regulation 2016/679 (G.D.P.R) for the processing of personal data

In compliance with the provisions of the EU regulation 2016/679, the City of Castellabate, as legal holder and manager of the processing of personal data, informs you that the data you provide will be processed, even with IT tools, within the limits of legislation for the exclusive purpose of the present proceeding. The manager of the accommodation facility is obliged to keep this declaration for five years, in order to make tax checks possible by the Municipality of Castellabate, which acts as the data controller of the data contained therein.

As part of this processing, you may exercise your rights pursuant to the articles 11-20 of the EU regulation 2016/679.

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)