



TOURIST TAX - STATEMENT OF OMISSION OF PAYMENT
(TO BE COMPLETED BY THE HOSTING ACCOMMODATION)

THE UNDERSIGNED _____ PLACE OF BIRTH _____

DATE OF BIRTH ___/___/___ PLACE OF RESIDENCE _____

ADDRESS _____ No. _____ POSTCODE _____ PHONE _____

MOBILE _____ FAX _____ E-MAIL _____

TAX CODE																			
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AWARE THAT THE MUNICIPALITY OF SESTO SAN GIOVANNI INTRODUCED THE TOURIST TAX, ON THE EFFECTIVE DATE OF 15.09.2014, ACCORDING TO THE ARTICLE 4 OF LEG. DECREE NO 23/2011;

AWARE THAT THE OMISSION, DELAY OR INCOMPLETE PAYMENT OF THE TAX IS SUBJECT TO ADMINISTRATIVE SANCTIONS ACCORDING TO THE ARTICLE 9 OF THE TOURIST TAX GUIDELINE APPROVED BY THE ABOVE-QUOTED DECREE;

DECLARE

- TO HAVE STAYED OVERNIGHT AT (name and type of accommodation)

_____ LOCATED IN (address) _____ No. _____

FROM THE DATE OF _____ TO THE DATE OF _____, OVERNIGHT STAYS No. _____

- TO BE INFORMED ABOUT THE OBLIGATION TO PAY THE TOURIST TAX BY THE OPERATOR OF THE ABOVE-QUOTED ACCOMMODATION FACILITY;

- **TO HAVE ASSUMED NOT TO PAY THE TOURIST TAX TO THE HOSTING ACCOMMODATION FOR AN AMOUNT OF € _____, CALCULATED ON THE AMOUNT ESTABLISHED BY THE MUNICIPALITY OF SESTO SAN GIOVANNI, FOR THE FOLLOWING REASON(S):**

DECLARE MOREOVER TO BE INFORMED THAT THE PERSONAL DETAILS HERE ACQUIRED WILL BE PROCESSED, VIA INFORMATION TECHNOLOGY, AS FAR AS THE PROCEDURE OF THE PRESENT DECLARATION IS CONCERNED.

PLACE AND DATE _____ SIGNATURE _____

ATTACHMENTS: copy of ID card of the declarant