



### CITY TAX EXEMPTION FORM

(Article 5 of the City Tax Regulation approved by the Unione Pedemontana Council with No. 5/2018)

I, THE UNDERSIGNED (Name and Last name) \_\_\_\_\_

BORN IN \_\_\_\_\_ ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE N° \_\_\_\_\_ MOBILE PHONE N° \_\_\_\_\_

E-MAIL \_\_\_\_\_

PASSPORT/I.D.CARD N° \_\_\_\_\_ DATE OF DELIVERY \_\_\_\_\_

#### HEREBY DECLARES

staying from \_\_\_\_\_ to \_\_\_\_\_ at the hotel/accommodation facility \_\_\_\_\_  
\_\_\_\_\_ in (City) \_\_\_\_\_

**AND DECLARES THAT ONE OF THE CASES OF EXEMPTION APPLIES TO ME, MORE SPECIFICALLY** (tick the appropriate box):

I am under 14 years of age (\*)

I am recovered in outpatient health facility (Day Hospital)

Name of the facility \_\_\_\_\_

Address \_\_\_\_\_

I am a family member and/or relative or carer of patient whose therapy/hospitalization takes place from \_\_\_\_\_ to \_\_\_\_\_ in a health facility in the province of Parma.

- **THERAPY** at following facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

- **HOSPITALIZATION** at following facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

My stay is due to measures taken by public authorities for:

Social emergencies (as certified from the service \_\_\_\_\_  
\_\_\_\_\_ )

Natural disaster or other circumstances (explain which one \_\_\_\_\_  
\_\_\_\_\_ )

Humanitarian aid (explain which one \_\_\_\_\_  
\_\_\_\_\_ )

I am volunteer on service due to:

Emergencies or other extraordinary circumstances (explain which one \_\_\_\_\_  
\_\_\_\_\_ )

Measures taken by public authorities for humanitarian aid \_\_\_\_\_  
(explain which one \_\_\_\_\_  
\_\_\_\_\_ )

My stay is due to a natural disaster (explain what kind \_\_\_\_\_  
\_\_\_\_\_ )

I am a student under 32 years of age, enrolled in State-recognized schools and universities in the province of Parma:

- Name of the school/university \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

I am a coach driver assisting organized groups by travel and tourist agencies

I am tour leader/tourist guide, assisting organized groups by travel and tourist agency (One every 25 group members could be exempted from City tax) and I declare that the members of my group are \_\_\_\_\_

I am an employee of this accommodation facility

I stay for free in this accommodation facility for promotional purposes and I have already communicated it to the Touristic service of the Unione Pedemontana Parmense

I am a State/local policeman, or a fireman or I belong to another armed force and, for reasons of service, stay overnight in the area of Unione Pedemontana Parmense, limited to the period of service itself

I reside in the municipalities of the Unione Pedemontana Parmense

*I DECLARE OF BEING FULLY AWARE THAT ITALIAN LAW CONTEMPLATES LEGAL SANCTIONS FOR BOTH TAX AVOIDANCE AND FALSE OR MISLEADING STATEMENTS (D.P.R. 445/2000).*

*I ALSO DECLARE OF BEING INFORMED ABOUT THE PRIVACY POLICY ACCORDING TO THE ITALIAN LAW (LEG.DECREE. NO.196/2003), AND I GIVE MY CONSENT TO THE TREATMENT OF MY PERSONAL DATA ONLY FOR THE UNDERSIGNED PURPOSES.*

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(\*) For people under 18 years of age, this declaration must be filled in and signed by a parent.**

Date \_\_\_\_\_

Signature \_\_\_\_\_