

## DECLARATION OF EXEMPTION

(art.3 of the Regulation for tourist tax's application approved by the City Council's decision n. 29 of the 11 June 2015)

Model C

**To the Municipality of Prato  
Manager of the Finance and Tributes  
Service**

I, the undersigned \_\_\_\_\_  
Born in \_\_\_\_\_ State/County \_\_\_\_\_  
on \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_, nationality \_\_\_\_\_, resident in \_\_\_\_\_  
State/County \_\_\_\_\_ Address \_\_\_\_\_ n. \_\_\_\_\_ Post-  
code \_\_\_\_\_  
Tax identification code | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_ | \_

### DECLARE

That I stayed in the accommodation facility named  
\_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_;

That I'm eligible for exemptions provided by the art. 3 of the Regulation for tourist tax's application approved by the City Council's decision n. 29 of the 11 June 2015, in particular:  
*(tick the relevant box)*

- as Tourist bus driver and/or tourist guide  
*(one exempt driver and/or guide every 15 tourists/participants)*
- as a sick person, to make therapies and/or medical examinations at a public/private health facility of the city. Address of the health facility:  
\_\_\_\_\_  
*(to this end, please, attach the certification issued by the health facility that attests the personal details and the performance's period)*
- as parent of a sick child under eighteen years old who needs therapies and/or medical examinations at public/private health facilities of the city. Address of the health facility:  
\_\_\_\_\_  
*( to this end, please, attach the certification issued by the health facility that attests the personal details and the performance's period, issued according to the art. 46 and 47 of the D.P.R. n.445/2000 and subsequent modifications and additions, that demonstrates that the stay in the accommodation facility is aimed to take care of the inpatient )*
- as person who assists an hospitalized inpatient or as parent of a sick child under eighteen years old, hospitalized in a public/private health facility of the city. Address of the of the health facility:  
\_\_\_\_\_  
*(to this end, please, attach the certification issued by the health facility that attests the personal details and the performance's period, issued according to the art. 46 and 47 of the D.P.R. n.445/2000 and subsequent modifications and additions, that demonstrates that the stay in the accommodation facility is aimed to take care of the hospitalized inpatient )*
- as a member of the facility accommodation's staff

- as a Member of the national and local Police or other armed forces (fire fighters included) staying in the City for work-related reasons.
  
- Stay due to measures adopted by public authorities

**I, the undersigned, also declare, that I'm informed, according to the Legislative Decree n.196/2003, that the personal data collected will be treated, also with the computer systems, exclusively for the procedure which is the reason of this declaration; that on making this statements and information I'm aware of the sanctions applicable for false or fraudulent statements, pursuant to the art. 76 of Italian Presidential Decree no. 445/2000; that this declaration is made in compliance with articles 46 and 47 of Italian Presidential Decree no. 445/2000 and provided to the accommodation manager.**

(Place and date)

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(Signature)

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