

DECLARATION OF REFUSAL TO PAY TOURIST TAX
(TO BE FILLED OUT BY THE GUEST OF THE ACCOMMODATION FACILITY)

THE UNDERSIGNED _____ BORN IN _____

_____ STATE/COUNTY _____ ON ____/____/____

RESIDENT IN _____ STATE/COUNTY _____

ADDRESS _____ ZIP CODE _____

TEL _____ MOBILE _____

E-MAIL _____

DECLARES THAT

- HE OR SHE STAYED IN THE ACCOMMODATION FACILITY _____ ADDRESS _____
_____ FROM (START DATE) _____ TO (END DATE) _____;
- THAT HE OR SHE WAS INFORMED BY THE MANAGER OF THE ACCOMMODATION FACILITY DESCRIBED ABOVE OF THE OBLIGATION TO PAY THE TOURIST TAX; BEING INFORMED THAT THE TOURIST TAX IS AN ITALIAN LAW, REGULATED BY THE MUNICIPALITY AND THAT, IN CASE OF NON-PAYMENT OF THE TAX, THE MUNICIPALITY WILL TAKE ACTION AGAINST ME FOR THE RECOVERY OF THE UNPAID AMOUNT WITH APPROPRIATE LEGAL SANCTIONS;
- THAT **HE OR SHE REFUSED TO PAY THE TOURIST TAX TO THE MANAGER OF THE ACCOMMODATION FACILITY, AMOUNTING TO € _____**, CALCULATED ACCORDING TO THE RATES SET BY THE MUNICIPALITY OF SCARLINO;

AND DECLARES THAT HE OR SHE WAS INFORMED THAT, ACCORDING TO THE LEGISLATIVE DECREE NO. 196/2003, THE PERSONAL DATA COLLECTED WILL BE TREATED, ALSO WITH COMPUTER SYSTEMS, EXCLUSIVELY FOR THE PROCEDURE WHICH IS THE REASON OF THIS DECLARATION.

PLACE AND DATE _____

SIGNATURE _____

Enclosed: copy of the identity document of the undersigned.