



DECLARATION OF SUBSTITUTION OF CERTIFICATION AND ACT OF NOTORIETY FOR THE PURPOSE OF EXEMPTION FROM PAYMENT OF THE ENVIRONMENTAL CONTRIBUTION OF STAY

(Artt. 46 E 47 D.P.R. 445/2000)

(Article 6 of the Municipal Regulations for the Environmental Contribution of Stay)

The undersigned _____ born in _____ on _____ resident in _____ address _____ postcode _____ fiscal Code _____ telephone number _____ mobile _____ E-mail _____ PEC _____ no.passport or other id document _____,

pursuant to articles 46 and 47 D.P.R. 445/2000 and aware that in the event of non-truthfulness of the content of the declaration lapses from any benefits obtained, pursuant to art. 75 of the D.P.R. 445/2000 and as prescribed by art. 76 on the criminal liability which may be incurred in the event of falseness in deeds and false declarations, under one's own responsibility

DECLARES

to have stayed overnight from _____ to _____ at the following accommodation facility: _____ located in the Municipality of Sant'Antioco Street / Square _____, and to be in one of the exemption cases referred to in art. 6 of the Regulation of the Municipality of Sant'Antioco for the Environmental Contribution for Accommodation, and precisely (tick the box of your interest with X):

- a)** Elderly person aged 70 or over;
- b)** patient who makes medical visits, treatments or therapies in Day Hospital at public and private health facilities in the province (specify the structure where the patient is being treated): _____ and the period from _____ to _____ ;
- c)** person who assists a patient admitted to public and private health facilities in the province (maximum 1 accompanying person per patient):
-specify the name _____, surname _____ place and date of birth _____ of the patient;
- specify the structure in which the patient is hospitalized _____ and the period from _____ to _____
- d)** parent assisting the sick child under the age of eighteen (in this case the exemption is extended to both parents):
--specify the name _____ surname _____ place and date of birth _____ of the patient;
- specify the structure in which the patient is hospitalized _____ and the period from _____ to _____
- e)** subject who stays in accommodation as a result of measures taken by public authorities, to deal with situations of a social as well as emergency nature due to calamitous or extraordinary events or for humanitarian relief purposes (specify the calamitous or extraordinary event):

- f)** volunteer who serves on the occasion of disasters (specify the calamitous event):

- g)** personnel belonging to the State police and other armed forces who carry out public order and security activities, as defined in the Consolidated Public Safety Act R.D. June 18, 1931, n. 773, and to the subsequent Implementing Regulation pursuant to R.D. 6 May 1940, n. 635, who for service reasons stay in the Municipality of Sant'Antioco; (specify body of belonging and current command of destination of service)

- h)** disabled person (*for the purposes of this exemption for “disabled”, one must meaning the non-self-sufficient disabled person*);
- i)** companion of a disabled person (*exemption valid up to a maximum of two accompanying persons per disabled person*):
 - specify the name _____, surname _____ place and date of birth _____ - of the disabled person;
- l)** Person who stays in the municipality of Sant’Antioco for work reasons (specify business reasons)

The undersigned declares to be aware that, in order to take advantage of the exemptions referred to in the aforementioned points b), c), d), a specific certification of the health facility must be presented to the manager of the accommodation facility, certifying the details of the patient or patient. the reference period for health services and hospitalization.

This declaration is delivered to the manager / owner / legal representative of the accommodation facility.
The undersigned agrees, pursuant to Legislative Decree 196/03 and on the basis of the current national and EU legislation on the processing of personal / sensitive data (European Regulation 679/2016), the consent for their data to be be treated and communicated to third parties in order to fulfill legal obligations, in the context of this proceeding.
A copy of the valid identification document is attached.

Place and date _____

Signature of the declarant

N.B: attach a valid identity document