MUNICIPALITY OF UDINE

TOURIST TAX

SELF-CERTIFICATION FOR EXCLUSION/EXEMPTION

Declaration in lieu of affidavit (Articles 47, 75 and 76 DPR 445/2000)

Regulations for the Establishment and Application of the Tourist Tax of the Municipality of Udine approved by Council Resolution no. 88 of 11/12/2023

I, the undersigned _____

born _____ prov. _____ on _____/_____/_____

resident at _____ prov. _____

street/square _____no. _____ post code_____

Tax code: I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I

stayed overnight from _____ to _____ at the accommodation facility _____

_____ in Udine, street/square _____

AND DECLARE

pursuant to Article 5(1) of the Regulation on the Establishment and Application of the Tourist Tax:

☐ to be registered in the Register of the Resident Population of the Municipality of Udine

☐ to be enrolled in the Register of Italians Resident Abroad (A.I.R.E.) of the Municipality of Udine

OR DECLARES

Pursuant to Article 5(2)(a) to (m) of the Regulation on the establishment and application of the tourist tax, to be in one of the following situations:

☐	(a)	parent of the following minors: surname _____ name _____ born on _____ surname _____ name _____ born on _____ surname _____ name _____ born on _____
☐	(b)	a person - or a person accompanying a person - who is undergoing examinations, therapies or is hospitalised, even as an outpatient, at health facilities in the territory (*)
☐	(c)	parent - or accompanying person - who is assisting a minor child who is undergoing examinations, therapies or is hospitalised, including day hospitalisation, at local health facilities (*)
☐	(d)	subject with a disability recognised by special certification pursuant to Law 104/1992
☐	(e)	person staying in accommodation and lodgings referred to in Article 2, paragraph 2, following measures adopted by public authorities to deal with situations of a social or emergency nature resulting from the following calamitous or extraordinary events or for humanitarian relief purposes: event _____ date _____
☐	(f)	volunteer serving during the following disaster event: event _____ date _____

☐ (g)	members of the Police or Civil Defence who stay overnight for service requirements	
☐ (h)	coach driver or tour leader staying free of charge (complimentary room) and providing assistance to organised groups on behalf of the company _____ based in _____ (___) street/square_____ Tax code _____	
☐ (i)	staff employed by the accommodation establishment	
☐ (j)	Accompanying teacher on duty during school educational visit of the___ class_____ of the Institute _____ of _____	
(k)	☐ a student enrolled at the University of Udine or at a School of Education, including a post-diploma one, or at an accredited training body based in Udine ☐ student participating in an Erasmus + project or on an educational trip	
☐ (l)	guest of the municipality of Udine with accommodation expenses borne by the municipality	
☐ (m)	athlete or coach or manager of the sports association/company _____ _____ duly registered in the National Register of Amateur Sports Activities	

(*) the declarant is required to provide the personal details of the person hospitalised and accompanied/assisted by him/her as well as the documentation proving the hospitalisation of the person assisted:

surname _____ name _____

hospitalised from _____ to _____ at the healthcare facility _____
located in _____ (___) street/square _____

Note: _____
_____

The undersigned has made the aforementioned declarations, options and information, aware of the penal sanctions provided for in the event of falsity and mendacious declarations, as provided for by art. 76 of Presidential Decree 445/2000 and aware that in the event of untrue declarations, he/she shall forfeit the benefits deriving from the measure issued on the basis of the declaration, as provided for by art. 75 of Presidential Decree 445/2000. This declaration is made on the basis of Articles 46 and 47 of Presidential Decree no. 445 of 2000 and subsequent amendments.

The Declarant

Place and date _____   _____

The Declarant

Place and date _____   _____

ATTACHMENTS: copy of declarant's identity document