

IMPOSTA DI SOGGIORNO – DICHIARAZIONE PER ESENZIONE MULTILINGUE

IL/LA SOTTOSCRITTO/A _____

NATO/A A _____ PROV. _____ IL ___/___/___

RESIDENTE A _____ PROV. _____ VIA/PIAZZA _____

_____ N. _____ CAP _____

CODICE FISCALE

TELEFONI _____

FAX _____ E-MAIL _____

DICHIARA

AI SENSI DELL'ART. 4 DEL REGOLAMENTO SULL'IMPOSTA DI SOGGIORNO **DI AVER PERNOTTATO** DAL _____ AL _____ PRESSO LA STRUTTURA RICETTIVA / UNITA' ABITATIVA LOCATA _____

in quanto ricoverato/a (anche in day hospital) dal _____ al _____ presso la struttura sanitaria _____
via/piazza _____;

per assistenza sanitaria nei confronti di persona ricoverata (*) dal _____ al _____ presso la struttura sanitaria _____
via/piazza _____;

- *les patients en attente d'accueil dans les établissements de santé situés dans la municipalité (même en day hospital), ou les personnes qui prennent soin des patients accueillis dans les établissements de santé de la municipalité (maximum deux personnes par patient)*
- *patients waiting for admittance to hospitals and health centres located within the municipal administrative areas (including people about to be day hospital patients) or people who provide assistance to patients staying in hospitals and health centres located within the municipal administrative area (max two people for each patient)*
- *Los pacientes que van ingresar en centros sanitarios del territorio de Bagno a Ripoli, (incluso day hospital) y las personas que atienden a pacientes ingresados en centros sanitarios de la Ciudad (máximo de dos personas por paciente)*
- *Kranken (auch untergebracht in day hospital) oder diejenigen (maximal zwei Personen pro Patient), die, die Patienten in einer medizinischen Einrichtung des Gemeindegebietes versorgen*

in qualità' di guida per ogni gruppo di 20 persone;

in qualità' di autista per ogni gruppo di 20 persone;

- *un guide et un chauffeur de bus pour groupes de 20 personnes minimum*
- *a guide and a coach driver for any group of 20 people*

- *Una guía y un conductor de autocar por grupos de 20 personas*
- *eine Führung und ein Fahrer von Bus für jede Gruppe von 20 Leuten.*

in quanto soggetto portatore di handicap non autosufficiente;

in qualità di accompagnatore del soggetto portatore di handicap non autosufficiente;

- *les invalides non autonomes, un accompagnateur inclus*
- *disabled people with special needs, including a companion*
- *Los minusválidos incluso un cuidador*
- *Körperbehinderte nicht selbstgenügsam mit einem Begleiter eingeschlossen*

in qualità di dipendente della struttura ricettiva;

in qualità di dipendente/collaboratore di azienda convenzionata.

- *les employés des entreprises qui ont une convention avec ce logement*
- *employees of companies that have an agreement with this accommodation facility.*
- *Los empleados de empresas con convenios con este alojamiento*
- *Angestellte von Firmen mit dieser aufnahmefähigen Unterkunft vereinbart*

(*) Il sottoscritto, su richiesta del Comune di Bagno a Ripoli, sarà tenuto a rilasciare le generalità della persona ricoverata nonché la documentazione attestante il ricovero della persona assistita.

Il sottoscritto ha reso le suddette dichiarazioni, opzioni ed informazioni, consapevole delle sanzioni penali previste in caso di falsità e di dichiarazioni mendaci, come previsto dall'art. 76 del DPR n. 445/2000 e consapevole che in caso di dichiarazioni non veritiere decade dai benefici conseguenti al provvedimento emanato sulla base della dichiarazione, come previsto dall'art. 75 del DPR n. 445/2000. La presente attestazione è resa in base agli art. 46 e 47 del D.P.R. n. 445/2000 e successive modificazioni.

NOTE _____

ALLEGATI: copia del documento di identità del dichiarante

DATA _____ FIRMA _____

INFORMATION ON THE PROTECTION OF PERSONAL DATA WITHIN THE MEANING OF ART. 13-14 of EU REGULATION 2016/679 - GDPR - "GENERAL DATA PROTECTION REGULATION" AND NATIONAL LEGISLATION.

Purpose of the processing: the personal data provided by the person concerned will be collected by the manager of the accommodation facility for the purposes of managing the present procedure.

Processing methods: data processing takes place through the insertion in computerized and / or paper databases. The data treatment is based on principles of correctness, lawfulness, transparency, protection of privacy and rights of the data subject. The data will be communicated to third parties and disseminated only in the cases provided for by current general or sector regulations.

Duration of the processing: the data will be processed for as long as necessary to perform this procedure and, after the conclusion of the procedure or the service provided, the data will be stored in accordance with the rules on the conservation of administrative documentation. The manager of the accommodation facility has the obligation to keep this declaration for five years, in order to make tax inspections possible by the Municipality of Bagno a Ripoli, provided for by the municipal regulation.

Obligation to communicate: the communication of data by the person concerned is necessary for the purpose of carrying out the procedure. Failure to provide data or opposition to certain stages of processing entails total or partial impossibility to manage the procedure in question. The data provided by the person concerned to the manager of the tourist accommodation are made compliant with the obligation provided for by art. 4 of the Regulation of the residence tax of the Municipality of Bagno a Ripoli, for the sole purpose of obtaining exemption from the tax.

Data controller: owner and manager of data processing is the manager of the accommodation facility.

Rights of the person concerned: at any time, the person concerned may:

- exercise the right of access to personal data, obtain correction or cancellation of the same or limitation of the processing that concerns him/her, oppose the processing, obtain data portability, revoke any consent where required, and exercise the others rights recognized by current legislation, giving notice to the owner.
- propose a complaint to the supervisory authority (Data Protection Authority).

The undersigned expressly authorizes the manager of the structure, as the owner of the processing of personal data, to use the data provided for the purposes of this proceeding:

___ I authorize the processing of data.
(N.B. tick the box)

Date _____ Signature _____.