

SELF-CERTIFICATION

I, the undersigned born
 on nationality.....

residenceaddress

No. zip code C.F.

ID Number.....

Tel E-Mail

NUMBER OF ARTISTS AND TYPE OF PERFORMANCE:

(in case of an artistic group, consisting of a maximum of seven people, please indicate the number of elements for each type of performance)

No. Typology

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	acrobat		acrobat		dancer
	clown		actor		juggler
	poet		fakir		musician
	antipodist		balloon		puppeteer
	living statue		madonnaro		singer
	drawer		sculptor		illusionist
	singer		mime		stilt walker
	contortionist		storyteller		other

Brief description of the artistic performance

DAY	TIME	PLACE

The undersigned confirms, aware of criminal liability in case of untrue statements pursuant to Article 76 of Presidential Decree 445/2000 and ss.mm.ii., the truthfulness of what is declared in this self-certification which must be transmitted to the Municipal Police Department through the following e-mail address: artedistrada@comune.messina.it

(signature)

Pursuant to Legislative Decree 196 of June 30, 2003 and ss.mm.ii., the data transmitted will be used exclusively for the purposes of the procedure for which they are requested.