**OGGETTO: Richiesta di rimborso TARI/TARES anno/i \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Il/la sottoscritto/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ codice fiscale\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nato/a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov. (\_\_\_\_\_\_), il \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ residente in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov.(\_\_\_\_\_), via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ n. \_\_\_\_\_\_\_\_\_, |
| indirizzo e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**chiede**

il **rimborso TARI/TARES** versata in eccesso anno/i \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per il seguente motivo:

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|  | versamento di imposta non dovuta |  | errore di calcolo |
|  | applicazione aliquota errata |  | altri motivi |

**Dichiara** di aver versato i seguenti importi:

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|  | **da compilare a cura del richiedente** | **Riservato all’ufficio** |
|  | VERSATO | DOVUTO |
| anno | Totale | Totale |
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|  Si chiede di **accreditare** l’importo da rimborsare sul seguente **conto corrente**:  intestatario: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banca \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Filiale/Agenzia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Via \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IBAN:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nation | | Ceck digit | | CIN | ABI | | | | | CAB | | | | | Konto | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

**Annotazioni:**

Luogo e data, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOCUMENTAZIONE ALLEGATA:

|  |  |
| --- | --- |
| * Ogni altra documentazione che l’ufficio si riserva di richiedere ai fini della liquidazione del rimborso. | DATA DI PRESENTAZIONE |