

Application for a reduction in the tourist tax

Name: _____

Address: _____

Postcode: _____

Accommodation Provider: _____

Registration form no.: _____

Ausweis-Nr.: _____

Ausgestellt am: _____

Versorgungsamt: _____

Grad der Behinderung: _____ %

I hereby apply for a reduction in the tourist tax according to § 6 of the tourist tax statute as:

- Severely disabled within the meaning of the Severely Disabled Act (reduced earning capacity at least 80 %), by 50 % of the daily tourist tax rate.

The information is checked against the severely handicapped ID card. Please enclose a copy or present the original to the Bad Urach spa administration.

Application for exemption from the tourist tax

I hereby apply for exemption from the visitor's tax according to § 5 of the visitor's tax statute as:

- Caregiver of a severely disabled person who necessitates an accompanying person.

Name of Caregiver _____

Signature of applicant

Accompanying person's signature

Decision of the Bad Urach spa administration

- The tourist tax is reduced by 50 %. It amounts to _____ EUR per day for the duration of the stay in Bad Urach.
- The accompanying person is exempt from the visitor's tax.

Date: _____ Signature of the spa administration staff: _____

Spa Administration Bad Urach, Bei den Thermen 4, 72574 Bad Urach

Return of the application / decision together with the registration form to the Bad Urach spa administration