

The undersigned _____, born in _____ on _____, addressed to _____, street/square _____, identified by _____ nr. _____ telephone number _____, aware of the criminal consequences foreseen in case of false declarations to the public official (**art. 76 D.P.R. n. 445/2000 and art. 495 of the Italian Criminal Code**)

DECLARES UNDER HIS/HER RESPONSIBILITY

- To be in transit from _____ coming from _____ and direct to _____;

- To be aware of the contagion containment measures pursuant to **art. 1, paragraph 1, of the Ordinance of the Italian Prime Minister of the last 9th of March 2020** concerning **the movement of people within the national territory, as well as the criminal penalties provided by art. 4, co. 1, of the Ordinance of the Italian Prime Minister of the last 8th of March 2020 (art.650 of the Italian Criminal Code, unless the fact does not constitute a more serious crime)**;

- The travel is determined by:
 - a) proven working needs;
 - b) situations of necessity;
 - c) health reasons;
 - d) return to own domicile, home or residence.

In this regard, I declare that _____ (I WORK AT ..., I'M RETURNING TO MY HOME, SITE IN ... I MUST PERFORM A MEDICAL EXAM ... OTHER SPECIAL REASONS ... ETC)

Date, time and place of the check.

Declarant's signature

The Police Officer