



Public Health
Prevent. Promote. Protect.

Freedom Of Information Law (FOIL) Request

If you wish to access a record under the **Freedom of Information Law (FOIL)**, you must make your request in writing. Please be as specific as possible in describing the record(s) in which you are interested. Within five business days of the receipt of a written request, we will acknowledge that we received the request. It may take approximately 30 – 60 days to complete the usual request or determine the availability of records in response to a request. This form may be emailed to health@clintoncountyny.gov, or mailed or faxed to:

Records Access Officer: Clinton County Health Department, Environmental Health & Safety Division
133 Margaret Street
Plattsburgh, NY 12901
PHONE (518) 565-4870 FAX (518) 565-4843

I hereby apply to inspect the following record(s):

Applicant Information

Name: _____ Email _____
(Please print)

Organization _____ Phone No. _____

Mailing Address _____ State _____ Zip _____

FOR AGENCY USE ONLY

APPROVED

DENIED (for the reason(s) checked below)

- Confidential Disclosure
- Part of Investigatory Files
- Record Is Not Maintained By This Agency
- Unwarranted Invasion of Personal Privacy
- Record of Which This Agency is Legal Custodian Cannot Be Found
- Exempted by Statue Other than the Freedom of Information Act
- Other _____

Signature Title Date

NOTICE: YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO:
Chairman, Clinton County Legislature, 137 Margaret Street, Plattsburgh, NY 12901,
who must fully explain his reasons for such denial, in writing, seven days from receipt of an appeal.

I HEREBY APPEAL:

Signature Date