

Appeal of Denial of FREEDOM of INFORMATION LAW (FOIL) Request

Mail Submission

FOIL Appeals Officer
Warren County Attorney's Office
1340 State Route 9
Lake George, NY 12845

E-Mail Submission

CountyAttorney@WarrenCountyNY.gov

Date of Original Foil Request: _____

Date of Denial: _____

Description of Records Requested: _____

Reason Provided for Denial of FOIL Request: _____

** If you have a copy of the denial letter, please attach it separately as a PDF when you submit this form.*

Date: _____

Signature: _____

** Signature is required and can be an original signature, scanned image or typed.*

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone Number: _____

Revised 10/7/2026