City of Mount Pleasant

Open Records Request 501 N.
Madison Ave.
Mount Pleasant, Texas 75455-3650
Fax: 903-577-1828

Name: **Kyle Douglas Moring**
Date of Request: **June 10, 2025**

Contact Information:
[Personal contact details redacted]

I request: **X** **Copies of the following records**

Please state your document request below:

Pursuant to the Texas Public Information Act (Texas Government Code § 552.001 et seq.), I respectfully request copies of the following records for Walmart Store #131, located at 2311 S. Jefferson Avenue, Mount Pleasant, TX 75455, from January 1, 2018, to present:

1. All food service permits and applications issued for the location;
2. All food establishment inspection reports, including routine, complaint-based, and follow-up inspections;
3. Any building, health, or environmental safety inspection reports conducted at this location.

If these records are held by another department or agency (e.g., Titus County or the Texas Department of State Health Services), I would appreciate your assistance in redirecting or advising me on where to submit the appropriate request.

This request is made in support of an active whistleblower complaint filed with the Occupational Safety and Health Administration (OSHA) under §11(c) of the Occupational Safety and Health Act and includes elements involving food safety violations reportable under the Food Safety Modernization Act (FSMA) §399d. The requested records will be used to corroborate evidence in a federal investigation concerning safety-related retaliation.

I also respectfully request a waiver or reduction of any fees under Tex. Gov't Code § 552.267, as this request is made in the public interest to better inform the public about food safety and regulatory compliance at a high-volume public retail establishment. This request is not for commercial use.

If the anticipated cost exceeds $25, please notify me before processing. I am happy to accept digital copies if they are available to minimize cost and expedite delivery.

Thank you for your time and assistance. Please confirm receipt of this request and do not hesitate to contact me with any questions or clarification needs.

To be filled in by City
Date Request Received by the City: _____

Fax - History Log

06/10/2025 12:06 PM CDT - Export Time

Start Time	Complete Time	Status	To Name	To Number	Cover Included
11:30 AM CDT, 06/10/2025	11:31 AM CDT, 06/10/2025	Delivered	City of Mount Pleasant	+1 (903) 577-1828	No
From Name	From Org Name	From Phone	From Fax	From Email	Total # of Pages
Kyle Moring					1 Page