



CHANGE OF ADDRESS FORM

Employee Information

Employee Name

Employee ID Number

Home Address

Street Address

City/State/Zip Code

Mailing Address

Street Address

City/State/Zip Code

Phone Number

Home Phone

Cell Phone

Signature Approval & Date

PLEASE RETURN COMPLETED FORM TO:

Mail: Washington Gas Light
Attn: Human Resources
6801 Industrial Road
Springfield, VA 22151

Fax: 703-750-7593
Email: HR_Benefits@washgas.com