



CHANGE OF ADDRESS FORM

Retiree Information

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:

Overnight Mail (FedEx, UPS, DHL, etc.)

WGL Service Center
2701 East Grauwlyer Rd.
Irving, TX 75061

Postal Mail (USPS)

WGL Service Center
PO Box 660927
Dallas, TX 75266-0927