



**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  
Dept 16630  
8770 New Trails Drive  
The Woodlands, TX 77381

Postal Mail (USPS)

WGL Service Center  
Dept 16630  
PO Box 64003  
The Woodlands, TX 77287-4003